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Lived Experiences of Former Commercialized Sex Workers Seeking Harm Reduction Services in Nevada

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Walden University

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Walden University

College of Social and Behavioral Sciences

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Walden University
2021

Abstract

Lived Experiences of Former Commercialized Sex Workers Seeking Harm Reduction

Services in Nevada

by

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MA, Columbia Southern University

BA, National Louis University

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

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February 2021

Abstract

Commercialized sex work has been considered a high-risk profession. Understanding the social context and application of services that foster wellbeing for this population is of research concern. There is a risk of ineffective service when programs are designed by providers who are not formerly of the profession and not familiar with the unique needs of this population. The problem is that commercialized sex workers who need but do not seek harm reduction services may experience ill-health and lack of wellbeing. The purpose of this qualitative phenomenological study was to explore the lived experiences of 10 commercialized sex workers who pursued or received harm reduction services in Nevada. Empowerment theory was the foundation for this research study. An inductive thematic analysis was used incorporating Colaizzi's 7-step method. The key findings from this study revealed that commercialized sex workers perceived that harm reduction services were uneasy to locate, inadequately designed for the population, and that the act of self-preservation could result in the workers using unhealthy coping strategies. Ultimately, the key phenomenological findings from this study convey that the way in which the sex profession is labeled may govern the level of services and the manner in which these services are provided for this population. The implications for a positive social change include providing a better understanding of the lived experiences of commercialized sex workers in the state of Nevada as it relates to seeking and receiving harm reduction services.

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Chapter 1: Introduction to the Study

Nevada is the only location in the United States where commercialized sex work is legalized in the form of brothel work (MacFarlane et al., 2017). Typically, commercialized sex work has been considered a high-risk profession (Argento et al., 2014). However, not all commercialized sex work is risky or illegal (Farley et al., 2015). For example, there are some forms of commercialized sex work that has become a standard form of labor in the profession, such as licensed houses of sex work (Forrey, 2014). For those who face the risk of abuse in their work, advocacy and harm reduction services may contribute to the health and wellbeing of these workers (Mount, 2018). Some commercialized sex workers are ambivalent towards seeking these resources and services because they are generally designed by providers who are not of the profession where unique insights and understanding to inform tailored intervention can be offered (Sakha et al., 2015). As such, commercialized sex workers tend to remain silent or invisible, whereby they distance themselves from seeking advocacy or harm reduction services based on the belief that they are not well understood (Mtetwa et al., 2015). Commercialized sex workers may also harbor fear that based on stigmas and past harassment from others, they are at risk of maltreatment even when seeking harm reduction services (Sakha et al., 2015). These perceptions and their possible ambivalence may thwart the opportunity for those workers who need psychosocial, medical, or other forms of advocacy. As such, the avoidance may allow any adverse conditions to continue untreated. The problem is that commercialized sex workers who need but do not seek harm reduction services may experience ill-health and lack of wellbeing. Benoit et al.

(2017) indicated that commercialized sex workers' voices and insights are largely omitted from the literature. Moreover, given the possible commercialized sex workers' quandary, Des Jarlais (2017) contended that a study that focuses on better understanding the needs of sex workers through qualitative inquiry is necessary. It is from such focus informed by experiences of former commercialized sex workers that researchers may better understand how to develop effective harm reduction strategies to achieve services that meet the needs of this population.

In Chapter 1, I provide an overview of the introduction of the study, the background of the study, problem statement, purpose of the study, nature of the study, assumptions, scope and delimitations, limitations, the significance of the study, and definition of terms. The primary focus of the research question is the lived experiences of former commercialized sex workers who pursued or received harm reduction services and the impact on their health and wellbeing. Chapter 1 concludes with significance, social change implications, and a chapter summary.

Background

Commercialized sex work is often considered a high-risk profession, making these workers vulnerable to workplace abuse (Platt et al., 2018). In addition to abuses, such as physical, mental, and other forms, Oselin and Blasyak (2013) posited that the submissive nature of this work often leaves sex workers with feelings of dehumanization. Strathee et al. (2015) suggested that characteristics of this trade generate the need for advocacy and/or harm reduction services. However, these services may not be readily accessible or available. According to Sakha et al. (2015), many of these services are

perceived to be nonexistent given that they are not widely publicized. Sometimes services are hard to locate because the nature of protective and harm reduction services requires some level of secrecy of the facility locations (similar to the practices to conceal the whereabouts of domestic violence shelters; Sakha et al., 2015). Those services that are available are often thought by sex workers to be insensitive to the nuanced needs of these workers (Des Jarlais, 2017). This deficit makes the case for understanding the viewpoints of former commercialized sex workers who could provide insights regarding their experiences when they pursued or received harm reduction services.

Harm reduction approaches are not a new service provision in the field of human services. These approaches are used to address such issues as substance abuse or even in a broader application in a nondrug-related setting, such as intimate violence advocacy (Hawk et al., 2017). Additionally, Des Jarlais (2017) indicated that harm reduction programming has been used in preserving the human rights of vulnerable populations. The literature related to harm reduction services is growing and has a peripheral application in the field of commercialized sex work (Fernandez, 2016; Pitcher, 2015; Sawicki et al., 2019). However, I have not found a research study specific to exploring the lived experiences of former commercialized sex workers who live or lived in Nevada and pursued or received harm reduction services designed to improve client health and wellbeing.

Problem Statement

The problem is that commercialized sex workers who need but do not seek harm reduction services may experience ill-health and lack of wellbeing. The problem is

relevant and significant in that currently, there are existing platforms of concerns surrounding the need for available advocacy support for commercialized sex workers (Albright & D'Adamo, 2017) in Nevada (MacFarlane et al., 2017). Comte (2014) and Maszak (2018) reported that commercialized sex workers in the United States alone reflects an average of 66% of those who experience some type of abuse. It is acknowledged that not all commercialized sex workers experience any form of abuse. However, services that lead to an understanding of these workers' first-hand accounts of seeking or receiving support might offer insights. The literature related to this field has grown with a focus on the need for advocacy, in the form of harm reduction services, to mitigate risks of harm while working as commercialized sex workers (Deering et al., 2014; Maszak, 2018; Ulibarri et al., 2013). This study was designed to address a meaningful gap in research specific to understanding their lived experiences.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services in Nevada. The additional intent was to provide new information and insights that may contribute to extending the body of knowledge specific to understanding commercialized sex work in Nevada while also learning their thoughts about the essence of their own wellbeing. The research study was designed as a constructivism/interpretivism paradigm approach using phenomenology (see Thanh & Thanh, 2015).

Research Question

The following was the research question that drove this study:

What are the lived experiences of former commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services designed to improve client health and wellbeing?

Theoretical Framework

The theoretical framework used in informing this study was the theory of empowerment. Empowerment and advocacy are both synergistic in that they represent a shift of power towards reaching the rights of individuals who would otherwise be marginalized or oppressed (Zimmerman, 1990). Zimmerman (1990) contended that the theory of empowerment provides the necessary tools and resources needed to create change and develop confidence. Thus, the empowerment theory was used to explain the research findings within the context of self-advocacy and attitudes concerning wellness (see Payne, 1991) among sex workers. Zimmerman stated that self-advocacy is used to understand how people are empowered and express their own needs and interests, which enables them to regain needed control and power over their experiences.

I provide further relevance of the empowerment theory to this study in Chapter 2. In Chapter 2, I also examine why individuals in commercialized sex work may need to pursue harm reduction services to promote their health and wellbeing.

Nature of the Study

In this qualitative study, I used an interpretive phenomenological research approach (see Moustakas, 1994) to explore the lived experiences of former

commercialized sex workers who pursued or received harm reduction services. Phenomenological research questions produce a strong interest in understanding a problem while working to comprehend the full interpretation of a human experience (Moustakas, 1994; Schweitzer et al., 2018; Van Manen, 2017). As the research study and interview questions addressed the lived experiences of former commercialized sex workers, a phenomenological approach was the most appropriate method because it was conducive to describing the lived experiences of individuals (see Barrow, 2017; Frechette et al., 2020). Husserl (1970) began the work of phenomenology in which he defined it as clear descriptions of the way things appeared. Sundler et al. (2019) postulated how the lifeworld is critical and is the beginning in understanding lived experiences. Qualitative research was aligned with the research topic to elicit thoughts, perceptions, and experiences (see Austin & Sutton, 2014). Comprehending lived experiences is closely related to the thought of the intentionality of consciousness, or how meaning is experienced (Sundler et al., 2019). Additionally, Patton (2002) stated how a phenomenological framework permits the researcher to seek meaning and structure of lived experiences for individuals.

This qualitative inquiry did not necessitate the need for a large sample size. The goal of qualitative research is to gain in-depth understanding of the phenomenon under investigation (see Burlingham et al., 2010). My goal for this research was to recruit between eight to 10 participants or until data saturation was reached as no standard protocol currently exists for estimating sample size requirements for saturation (see Kerr et al., 2010). Sample sizes for phenomenological studies range from six to 10 participants

(Marshall et al., 2013). The study yielded 10 participants, and data saturation was met. Participants of the study were selected through purposive and snowball sampling (see Grossoehme, 2014). The qualitative data were collected from (a) individuals 18 years and older -- English speaking, (b) former commercialized sex workers who live or have lived in Nevada and have been out of the profession for at least 6 months, and (c) those who have who pursued or received harm reduction services. The interviews, documents (field notes), reflexive journal, and electronic recordings were used to collect the data, and the data were analyzed using Colaizzi's (1978) 7-step process. To gain varying experiences and diverse sampling of participants, semistructured interviews were used that allowed me to gain in-depth responses to capture the essence of their experiences (see Sutton & Austin, 2015).

Definitions

The following key terms were used throughout the study:

Abuse: Hail-Jares et al. (2015) defined abuse as verbal, emotional, or physical violence inflicted upon sex workers by offenders. Abuse is defined as physical, psychological, or emotional maltreatment to include slapping, punching, intimidation, threats of abandonment, humiliation, and control (Semahegn & Mengistie, 2015).

Advocacy: The process of enacting active interventions and strategies with the explicit goal of influencing laws (Cullerton et al., 2018).

Commercialized sex: Individuals who trade or sell sex, some of whom may be categorized or self-identify as sex workers and traders (Gerassi, 2015).

Criminalization: Platt et al. (2018) defined criminalization as applying punitive measures to selling, organizing, or buying sex.

Decriminalization: Decriminalization focuses on shifting a societal view of noncriminalizing sex workers, resulting in fewer penalties (Grooms, 2016). Vanwesenbeeck (2017) stated that decriminalization can label certain parts of sex work legal while others remain illegal, and some actions infractions of the law.

Empowerment: A process where individuals learn to view a closer connection between their goals and a notion of how to achieve them (Mechanic, 1991).

Former commercialized sex workers: Individuals who have worked in the field but self-identify as being out of the field for at least 6 months. This duration is used to ensure that these individuals have some distance from the experience to allow reflection.

Harm reduction: Strategies used to reduce or eliminate negative outcomes associated with the maltreatment of sex workers (Jeal et al., 2015), such as advocacy (Gerassi, 2017; Platt et al., 2018). Walks (2019) postulated that the respect for human rights is a salient feature of harm reduction.

Human rights: Hooker (2010) provided the most well-known example of human rights through his personhood account that depicted it as a continuation of the natural rights tradition focusing on the moral properties of human beings.

Legalization: The legalization of sex work, which is defined as the removal of criminal penalties applicable to sex work (Mathieson et al., 2016).

Assumptions

The primary assumptions for this study were that former commercialized sex workers would be interested in participating as volunteers for the study. In addition, I assumed that the participants would respond truthfully to the interview questions based on their lived experiences and understanding of the questions being asked. The second assumption was that the participants' behaviors and attitudes reflected their lived experiences in having pursued or having received harm reduction services. These assumptions were necessary in the context of this study to ensure the trustworthiness of the data collection and analysis. According to Wolgemuth et al. (2017), the data that research syntheses produce are incomplete when the assumptions underlying constructs are not salient.

Scope and Delimitations

The scope and delimitations were the lived experiences of former commercialized sex workers who pursued or received harm reduction services in Nevada. The boundaries of the study included individuals 18 years and older. The participants of the research study were former commercialized sex workers who live or have lived in Nevada. The intent of this study was to explore their lived experiences. Qualitative research was designed to answer questions about meanings and perceptions (see Hammarberg et al., 2016). Because qualitative research is transferable, this study can potentially yield critical data and themes for future qualitative (and quantitative) research used in various contexts with similar populations. Bush et al. (2019) posited that describing the contexts of behaviors and lived experiences become meaningful to outsiders. It is important,

therefore, that the reader, not the researcher, make the transferability judgment (Korstjens & Moser, 2018).

Limitations

A small sample size (not a larger population) was one of the limitations of qualitative research in which results emerge as ungeneralizable (Rahman, 2017). Purposive sampling promotes richness in detail and imagery yielding pertinent data from commercialized sex workers' lived experiences that are not generalizable (Frchette et al., 2020; Lee, 2016). In this study, the limitation of being ungeneralizable to all commercialized sex workers seeking advocacy in the form of harm reduction services was beneficial as the results can inform future research studies. Because commercialized sex work is highly stigmatized and sensitized, deliberate care was needed to determine how to overcome barriers in locating willing research participants. Selection bias was also a limitation if interested participants did not meet the eligibility requirements to participate in the study (see Ross & Bibler Zaidi, 2019). Also, the limitations of this study can potentially lack consistency and reliability due to employing different probing techniques and the participants choosing to tell some parts of stories while omitting others (see Green et al., 2015). The appropriate measures were used in this study to address limitations through theoretical triangulation to obtain credibility (see Hammarberg et al., 2016).

Significance

This study was significant to the human and social services/mental health field because it could be used to understand human behaviors, related experiences, and the

perceptions of former commercialized sex workers who pursued or received harm reduction services. Results from this research can provide information to nonprofit organizations, health care professionals, social services agencies, law enforcement, and human services professionals concerning advocacy support and its impact on the wellbeing of commercialized sex workers.

This study could promote a positive social change by providing broadened insights related to advocacy in the form of harm reduction services as experienced and informed by commercialized sex workers. Dissemination of findings from this study could also contribute to increased levels of community support, awareness, and empathy for those who may need harm reduction services. Moreover, it is possible that based on the findings from this study, practitioners could create support groups, forums, and pursue activism related to this field of study.

Summary

In Chapter 1, I discussed the background, problem statement, and study's purpose related to understanding the literature related to commercialized sex workers who pursued or received harm reduction services in Nevada. Numerous studies have been conducted that address the need for advocacy support for sex workers who seek it (Albright & D'Adamo, 2017; Benoit et al., 2017; Farley, 2018; Williams, 2017). However, little is known about their lived experiences when they pursued or received harm reduction services in Nevada designed to improve client health and wellbeing. The research question formed by using the empowerment theory framework served as the foundation for understanding former commercialized sex workers' perceptions of

advocacy and harm reduction programs or services and the essence of their wellbeing.

Chapter 2, the Literature Review, addresses various research studies on the literature pertaining to understanding commercialized sex workers who pursued or received harm reduction services.

Chapter 2: Literature Review

The purpose of this qualitative phenomenological study was to explore the lived experiences of commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services. New information in this research domain may contribute to broadening the knowledge specific to understanding harm reduction or advocacy in Nevada while simultaneously gaining insights on former sex workers' wellbeing. As Farley (2018) and Platt et al. (2018) indicated, there is a need to understanding aspects of advocacy for sex workers. The problem was that commercialized sex workers who need but do not seek harm reduction services could experience ill-health and lack of wellbeing. Although the literature covers a variety of theories, in this review, I focused on several major themes that emerged repeatedly throughout the literature reviewed on the influencing factors that may have promulgated the need for seeking advocacy by commercialized sex workers.

In this chapter, I cover the literature search strategy followed by the theoretical framework. I then provide historical and present-day contexts to commercialized sex work. Next, I cover Nevada's sex industry, advocacy, and sex work offenders to lend insights into why harm reduction services are relevant to this study. Finally, I cover various forms of harm and briefly discuss issues of legal systems as they pertained to this study.

Literature Search Strategy

A literature search was conducted using SAGE Journals, Google Scholar, PsycARTICLES, SocINDEX, and NCBI. Mostly, I used articles/journals that were peer-

reviewed (full text) articles and publications that were published within the last 5 years, along with some seminal works. However, there were a few studies used for informational purposes in the literature review that were more than 5 years old. Limited research exists on the lived experiences of commercialized sex workers who pursued or received harm reduction services. However, I discovered significant data through qualitative research studies related to harm perpetrated against sex workers influencing the need of advocacy support in the form of harm reduction. The abstractions and findings within these articles and journals constituted an exhaustive review of the contexts, themes, meanings, and theories relevant to this study. Additionally, I provide insights on relevant legal systems within the context of this research. The referenced search terms were used singularly and combined and are as follows: *abuse, advocacy, commercialized sex, criminalization, decriminalization, harm reduction, human rights, legalization, sex work offenders, and support services.*

Theoretical Framework

The theory of empowerment was the framework that guided my study. Empowerment is a process of increasing personal and interpersonal power so that individuals and communities can execute steps to improve their situations (Zimmerman, 1990). Zimmerman (1990) further stated that empowerment is a process that cultivates power in disenfranchised groups for application in their personal lives and communities by acting on important issues. Zimmerman (2000) explained the empowerment theory as perceived autonomy, self-advocacy, and efficacy over the economic and social aspects of one's life. Specifically, the empowerment theory for the purposes of this study addressed

self-advocacy and how former commercialized sex workers who pursued or received harm reduction services viewed its availability and accessibility that ultimately impacted their wellbeing (see Zimmerman, 2000). Empowerment theory is considered a theoretical model concerned with the process and consequences of efforts to exert influence and control decisions impacting an individual's life and the quality of community life (Zimmerman & Warschausky, 1998). Commercialized sex workers in Nevada who pursued or received harm reduction services used their empowered choice (see Jones et al., 2019) to promote their wellbeing.

Commercialized Sex Work: A Historical Context

Since the Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others was adopted in 1949, commercialized sex work has been inconsistently viewed (Sinha, 2017). In the past, treaties were used as a means of indicating that sex work was a risk of violence against individuals, and many countries were directed to have it abolished (Provost, 2016). However, in the late 1970s, there was a movement towards an abolitionist model that was more permissive towards the profession (Nagel, 2015; Sauer, 2019). Provost (2016) contended that neglecting to select a consistent model of law and/or treaties negated the international efforts to eliminate the harms related with sex work. The United States sporadically controlled illegal forms of sex work until Congress passed the Mann Act that criminalized it (Reynolds, 2018). Thus, laws were enforced to prosecute sex workers subjecting them to risks of vulnerability (Doyle, 2015; Thusi, 2019). Sex workers were at a disproportionate risk of abuse, ill health, and harm that was viewed as a product of criminalization (Marshall,

2016; Platt et al., 2018; Thusi, 2019). Ulibarri et al. (2013) theorized that these patterns of events would make it unlikely for sex workers to readily disclose their experiences of abuse for fear that it would be met with disbelief and victim-blaming. Historically, sex workers have been less likely to organize as workers advocating for their rights as well as their need to seek advocacy (Makhakhe et al., 2019; Mgbako, 2020). This research served as the historical framework for understanding the undertones of sex work and abuse that may have influenced and embedded existing vulnerabilities in sex work.

Present Day Commercialized Sex Work

A *commercialized sex worker* is defined as those engaged in a wide range of activities relating to the exchange of money (or its equivalent) for sexual services (Bernstein, 2017; Swahn et al., 2017). The terms *commercialized sex worker* and *sex workers* are used interchangeably in some phrases throughout this study. The term *sex worker* is labeled by workers within the sex industry and evolved due to challenges of culturally embedded “pathologizing” of a certain class/group of individuals (Derkas, 2019). In the context of this study, commercialized sex workers are individuals who engage in consensual sex work and have chosen to do so based on circumstances (see Suiter, 2019). Dichotomizing the consensual and nonconsensual aspects of sex work, Lerum and Brents (2016) stated that those forced into selling sex are not considered sex workers but are exploited and potentially trafficked. Commercialized sex workers can be classified as a diverse population and may come from an array of socioeconomic backgrounds (Sawicki et al., 2019). Sociostructural factors are further attributed to having a negative influence on the human rights of sex workers (Benoit et al., 2017); thus, some

communities and local governments have attempted to mobilize resources for vulnerable populations and connect individuals to these resources (Sevelius et al., 2020). Reducing the risks of harm, Ditmore (2013) explained how effective resources are offered, such as advocacy support, and may be experienced by some commercialized sex workers and not others. Commercialized sex workers as indoor sex workers in Nevada were the focus of this study as there are emerging trends of abuse that may impact their health and wellbeing.

Nevada's Sex Industry

Nevada has been symbolized as the center of commercialized sex and is the only location in the United States that sex work is legalized in the brothel industry (Forrey, 2014; Platt et al., 2018). Nevada's legalization of sex work embeds regulatory controls in its operations that have been speculatively viewed (Basil, 2015; Farley, 2018; Forrey, 2014). The perceived risks associated with Nevada's sex industry have led some researchers to suggest that restrictive policies may reduce advocacy for sex workers contributing to their social and economic exclusion (Walks, 2019). Moreover, the general perceptions of safety and danger have framed legalization policies in Nevada and continued debates exist on its impact on sex work (Forrey, 2014; MacFarlane et al., 2017; Mount, 2018). Nevertheless, Nevada's legalized industry may be cladly regulated when harm reduction is considered (Basil, 2015; MacFarlane et al., 2017; Mount, 2018). However, several safety measures have been intentionally designed to prevent the harm of sex workers (Weitzer, 2020). Despite the intended safety measures, some researchers have suggested that the fear of abuse remains to constitute a degree of perceived risk and

danger for sex workers (Farley, 2018; Platt et al., 2018). Furthermore, without reliable and systematic information, the commercialized sex industry in Nevada may promulgate injustice that has been historically laden with oppression and exploitation (MacFarlane et al., 2017). Hence, the need to increase data collection and promote systematic inquiry may be needed to ensure the livelihood, safety, and wellbeing of sex workers (MacFarlane et al., 2017).

Indoor Sex Work

Commercialized sex work, in the context of indoor sex work in Nevada, was the focus of this study as outdoor sex work was beyond the scope of this research. Typically, sex work has been contextualized as outdoor sex, or street-based (Cunningham & Shah, 2014); however, sex work has evolved and now thrives consensually indoors and includes an array of sexual services (Dank & Refinetti, 2018). Although limited research exists concerning abuse against indoor sex workers in Nevada, researchers have reported that indoor sex workers may have more safeguards than outdoor sex workers, and minimal risks may be associated with abuse (Bungay & Guta, 2018; Krusi et al., 2014; Weitzer, 2018). Sanders et al. (2016), however, found that the prevalence of harassment and nonnegotiated sex acts may still exist. Commonly, most commercialized sex workers conduct their work in indoor settings where acts of assault may occur. Landsberg et al. (2017) conducted a qualitative study revealing how law enforcement and clients may exhibit recurring acts of assault and harassment against commercialized sex workers who work in indoor settings, thus underscoring the criticalness of the safety and wellbeing of indoor sex workers (Fujimoto et al., 2015).

Brothel Sex Workers

Brothel work policies may be viewed as controlling to some sex workers (MacFarlane et al., 2017). Mount (2018) and Farley (2018) revealed that each brothel has its own set of rules, and some allow sex workers to depart on scheduled dates and times while others require sex workers to provide notice of their whereabouts. Additionally, brothels enforce contractual policies that prohibit sex workers from departing prompting some researchers to categorize them as lockdown policies (Blithe & Wolfe, 2017). Adding to the perception of control, some sex workers are normally restricted to the brothels during the time of their contract to minimize visibility and may be prohibited from living in the town where they conduct sex work (MacFarlane et al., 2017). Researchers have tended to agree that because brothel sex workers serve as independent contractors and receive no employment benefits, they may not be empowered to influence the brothel system to improve their working conditions (Forrey, 2014; MacFarlane et al., 2017; Mount, 2018). Thus, it may be surmised that brothel businesses and the individual sex worker expends considerable efforts in safeguarding potential risks of harm by offenders (see Forrey, 2014). As some level of protection, brothel management may offer safeguards to sex workers as a means of protection, but Farley suggested that it could be in the interest of the establishment and not the workers. During Farley's research on Nevada's commercialized sex work, she visited 8 brothels and interviewed 45 sex workers to include some brothel owners and concluded that the existing power structures of brothels are clients and brothel management who may shape the environment of oppression and isolation from the outside world.

Advocacy

The historical root of long-standing views and policies have indirectly perpetuated a false ideology that sex workers are criminals whose behaviors and actions may warrant abuse (Abrol, 2014). Recent research studies have supported embedded myths about sex work and challenged researchers who may have historically generalized sex (Sawicki et al., 2019). While Benoit et al. (2017) emphasized how the history of sex work policy is labeled by long-standing tensions, Kang et al. (2017) expressed how the rise of feminist interests and perspectives on gender-based exploitation emerged reflecting a drastic change in attitudes concerning individuals and sex work. Thus, the terms of *prostitutes*, *hookers*, and *whores* became taboo reducing perceived stigmas and dehumanizing labels (Cunningham & Shah, 2017). The deep perceptions and stigmas that have typically surrounded sex work deeming it illegal and disdainful may have contributed to the maltreatment of sex workers in general (Ma & Loke, 2019). In light of these perceptions, sex workers' lived experiences and shared perceptions are infrequently solicited and/or explored (Albright & D'Adamo, 2017; Varga & Surratt, 2014) underscoring a need for exploring the essence of their wellbeing (Sawicki et al., 2019). The tendency for sex workers to seek advocacy has been perceived as a misnomer as most studies report their hesitancy in accessing support services even after being victimized (Ippoliti et al., 2017). Such negative experiences may have lasting influences on choices sought by sex workers regarding their health and wellbeing.

Harm Reduction

The term *harm reduction* (or *harm minimization*) is used to describe actions or activities that promote the health, safety, and wellbeing of individuals (Jeal et al., 2015). The respect for human rights is a salient feature of harm reduction (Walks, 2019). Harm reduction and human rights are both applicable frameworks for addressing issues within commercialized sex work (Argento et al., 2020; Lerum & Brents, 2016). Commonly, harm reduction is applied to sex work interventions where sex workers are a product of problematic drug users (Hawk et al., 2017). Thus, sex workers who are not categorized as problematic drug users are typically neglected by harm reductionists (Hawk et al., 2017; Santini et al., 2020). Identified harms are synonymous with human rights violations perpetrated against sex workers such as: abuse, violence, stigma, low self-esteem, and mental illness (Farley et al., 2015; Jeal et al., 2015). Therefore, it is necessary to view harm reduction principles as safeguards to the wellbeing of sex workers (Ippoliti et al., 2017; Jeal et al., 2015).

Sex work advocates and abolitionists are denoted in the remainder of this study as harm reduction services. These service providers have presented criticism of the Nevada brothel system for various reasons (Curtis, 2017). In a rare and dated study, Rodgers (2010) reported that harm reduction services, designed as advocacy support, is charged with exploring state-based regulations that could be enhanced to better protect clients. Rodgers (2010) posited that advocates of Nevada's brothel system believed its regulations and licensing would be a sufficient harm reduction strategy. However, Mathieson et al. (2016) articulated how legalized brothels are loosely regulated and does

not replace the need for advocacy services. Forrey (2014) and MacFarlane et al. (2017) noted that Nevada is the model location to assess the social and therapeutic needs of commercialized sex workers (both legally and illegally). Moreover, Hawk et al. (2017) emphasized that The Harm Reduction Coalition noted no single definition or ingredient for devising harm reduction services because approaches focus on an individual's needs.

Harm reduction can also be met with resistance (Hawk et al., 2017, Jeal et al., 2015; Ma & Loke, 2019). However, for sex workers who may experience abuse, support services may not always be sought (Bellhouse, et al., 2015). Klambauer (2017) conveyed in his study how a significant number of assaults and abuse are prominent factors in the lives of some sex workers who may not seek advocacy services. For sex workers seeking support services, they expressed comfort in services that would not assume their desire to cease sex work unless intently expressed by the sex worker (Sakha et al., 2015). Additionally, for those who sought harm reduction services, Dank et al. (2017) reported their reasons as not wanting to do sex work anymore or avoiding contact with law enforcement. Regardless of the research depicting attempts to introduce harm reduction services to sex workers, some that sought it expressed feelings of maltreatment and disrespect, feeling judged, and preferred service providers with lived experiences of marginalization (Hickle & Hallett, 2016; Sakha et al., 2015). It may be surmised, therefore, that the use of harm reduction practices may vary according to the context of perceived harms (see Hawk et al., 2017; Jeal et al., 2015; Sakha et al., 2015). There is considerable evidence, however, that showed how harm reduction interventions may

promote self-esteem (Ma & Loke, 2019; Sakha et al., 2015) that is of great importance to the social structure of Nevada (see MacFarlane et al., 2017).

Concluding notions offer that harm reduction may be necessary in promoting the health and wellbeing of sex workers at risk for abuse to encourage victims to seek help and protection (see Basil, 2015; Hawk et al., 2017). As some sex workers may perceive barriers in pursuing or receiving support services (Basil, 2015; Bekker et al., 2015; Sakha et al., 2015), this study may help to alleviate fears when harm reduction services are needed. While there has been significant progress in expressing the importance of harm reduction services, I have found no literature that considers the lived experiences of sex workers. Moreover, it is possible that this information could better inform advocacy services in a manner that is consistent with matching the population's needs and wellbeing.

Empowerment as a Strategy for Harm Reduction

Advocacy workers in the domain of sex work often utilize an empowerment framework that may reduce harms and vulnerability in this population (see Ditmore, 2013). Social empowerment may equip sex workers to defend their rights in society (see Benoit et al., 2017; Ma & Loke, 2019). Further, sex work harms may be reduced through empowerment by self-assertion (see Benoit et al., 2017). Developing empowerment among commercialized sex workers may reduce harm while strengthening personal skills and options to control their lives (see Fernandez, 2016; Pitcher, 2015; Sawicki et al., 2019). Moreover, it is conceivable that harm reduction services incorporating empowerment may enable sex workers to take control of their lives (see Bekker et al.,

2015). Reducing the vulnerability aspect of harm reduction, Ma and Loke (2019) pointed out that the aim of harm reduction services is through empowerment reducing vulnerability as commercialized sex workers may have low self-esteem, lack of education and skills, and be culturally or legally restricted. Conversely, the organization of sex work may determine whether it invites harm or allows commercialized sex workers to gain from sex work (see Forrey, 2014).

Availability and Accessibility

The accessibility of quality support services for sex workers can be challenging issues due to mobility, vulnerability, discrimination, and in some cases, unfamiliarity with the local culture and language (see Lafort et al., 2018). However, Lafort et al. added that acceptability is manageable and contingent on the attitudes of support staff that can be improved through sensitivity training. Harm reduction approaches with drug users have been used for sex workers but with minimal considerations on the accessibility of services (Bekker et al., 2015; Hawk et al., 2017). Bekker et al., emphasized the need for accessible harm reduction services in the sex work community devoid of strict eligibility criteria and misinformation about services. Additionally, Benoit et al. (2017) stated that specific initiatives for harm reduction should be aimed at shaping commercialized sex workers' own strategies. Moreover, Sinha (2017) revealed that effective coping strategies for sex workers should be based on lived experiences, tradition, and culture.

Integrated Services

Harm reduction services and care can be most effective if delivered together culminating in a prevention-care synergy (Stender & Christensen, 2013). The use of

integrated services is critical as sex workers may be exposed to several health risks (see Duff et al., 2015; Stender & Christenesen, 2013). As a cautionary measure, Duff et al. (2015) found that although intended to reduce risk, some harm reduction strategies and services could potentially worsen the situation or be ineffective. Moreover, if viewed as a laissez-faire ideology, Farley (2018) contended that a harm reduction approach for sex workers may become more concerned with protecting individual rights to risky behaviors than their wellbeing. Bekker et al. (2015) offered that innovative access strategies can be adopted for commercialized sex workers on harm reduction services to include mobile delivery, hotel and home-based clinics, and drop-in centers located in prominent sex work areas. These innovative services may necessitate the need for readily accessible support services unique to the needs of sex workers' overall health and wellbeing (see Benoit et al., 2017; Ma & Loke, 2019).

Sex Work Offenders

To better understand the need for harm reduction services, it is important to provide a background of groups who have historically placed these workers at risk. Researchers have emphasized that commercialized sex workers can experience risk for abuse by different groups who offend against this population. These groups include clients, brothel management, and peers within the commercialized sex worker population (Ellison & Smith, 2017; Farley et al., 2015; Farley, 2018; Platt et al., 2018).

Clients

Some clients are considered offenders who may subject commercialized sex workers to abuse (Farley et al., 2015; Lim et al., 2015; Ma & Loke, 2019; Platt et al.,

2018). Offensive acts against sex workers may continue because offenders generally face minimal criminal penalties (see Farley, 2018; Forrey, 2014). Van Meir (2017) and Mount (2018) reported that clients may exert abuse against sex workers to avoid payment. Moreover, Lim et al. (2015) offered that when clients' demands exceeded what was initially negotiated with the sex worker, it generally resulted in abuse. As the number of clients requesting diverse sexual services increase, sex workers may be at risk for abuse. Some researchers suggested that clients appear to be the main source of abuse against commercialized sex workers and that their wellbeing may continue to be jeopardized if they are treated as items and commodities of assaults by clients (Lim et al., 2015; Ma & Loke, 2019; Mount, 2018).

Brothel Management

While brothel owners may have a distinct interest in upholding their image as a legally controlled entity to maintain their licenses (see Blithe & Wolfe, 2017; Farley et al., 2015; Hysing, 2019), not all live up to this stature. Forrey (2014) and Mount (2018) stated that Nevada brothels are closely monitored by owners and management that can be viewed as contentious. Brothels can be managed in a manner where sex workers are not permitted to leave the premises even if they are not working (see Farley et al., 2015; Forrey, 2014; Karan & Hansen, 2018). Moreover, Karan and Hansen typified brothel supervision as potentially confining and paternalistic because several brothels may employ a system for sex workers to order out their needs instead of leaving to get them. Mount (2018) phrases this confinement as lockdown policies. Blithe and Wolfe (2017) contended that these confinements can promote perceptions of sex workers that their

survival is dependent upon brothel management. Moreover, Hysing (2019) posited that some brothel management may not readily prevent the intrusion of sex work offenders but may negotiate sex deals with them.

When protections are offered in a brothel setting, it may be unclear if it is a priority for management (see Hysing, 2019). In their attempt to safeguard sex workers from harm, these managers are legally responsible for preventing illegal actions by sex workers and clients that may influence a more restrictive work environment (see Hysing, 2019; Post et al., 2018). This may be one of the reasons that it is a deterrent to operate in the said restrictive environment. Seemingly, the level of legal responsibilities placed on brothel management may increase and intensify the surveillance of sex workers (see Post et al., 2018). It is unclear whether this undermines the independence and wellbeing of these sex workers. However, these conditions may be viewed as restrictive for some sex workers where existing power structures of brothels and management influence the perceived risk of harm and vulnerability of sex workers (see Farley, 2018; Karan & Hansen, 2018; Mount, 2018).

Peers

Shannon et al. (2015) found that there are existing structural factors and power relations that reproduce inequalities within the sex work population. Commercialized sex workers may stigmatize and oppress their peers in sex work. Some sex workers may differentiate themselves from other sex workers with more characteristics that may appear discreditable to theirs, i.e., indoor workers versus street-based sex workers; non-substance abusers versus substance users, ethnic minorities versus non-minorities, and so

forth (see Benoit et al., 2018). This type of peer humiliation may create friction where sex workers find themselves perpetuating harmful stereotypes and internal stigmas towards each other (Foley, 2017; Mtetwa et al., 2015). Peer-based stigma is an important consideration when it comes to understanding the need for harm reduction. For example, Bosch (2016) and Mtetwa et al. (2015) discovered that some workers exalt themselves over others as having less class and unworthy community acceptance. Moreover, some legalized sex workers may feel reproachful towards sex workers who are not subjected to the health requirements and types of clientele serviced (see Foley, 2017; Karan & Hansen, 2018). Other sex workers may distance themselves from those labeled as *deviant* or *sleazy* sex workers that may cause further isolation and oppression (see Bosch, 2016; Farley, 2018; Platt et al., 2018). Competition among sex workers can be fierce and may result in violence (Mtetwa et al., 2015). Farley and Mtetwa et al. found that there is fierce competition, deep mistrusts, and acts of bullying that may occur among sex workers. Moreover, Mtetwa et al. revealed that although an exchange of a client among sex workers would appear to be a cordial interaction if no health risks are involved, there are occurrences where deliberate harm has been perpetrated amongst sex workers in reverence of self-protection. Perpetrated abuses that may occur within the population of sex workers can promulgate stigma and oppression (see Farley, 2018; Mtetwa et al., 2015; Platt et al., 2018).

Forms of Harm

While this study is not about human rights violations, this section briefly mentions the possible harms and human rights violations that play a significant role in

whether commercialized sex workers seek out harm reduction services (see Farley, 2018; Mount, 2018). These areas are concerned with physical abuse, mental health focus, and the impact of stigmatization. Stangl et al. (2019) proclaimed that in order to change the negative mindsets that culminate into harmful laws and policies, it is necessary to increase public awareness and understanding of the experiences of sex workers and to support their wellbeing. Moreover, commercialized sex workers can be subjected to harms (or human rights violations), such as abuse (physical and mental) and stigmatization that may subsequently impact their wellbeing (Nichols, 2015; Stangl et al., 2019).

Albright and D'Adamo (2017) revealed that commercialized sex workers may experience more physical abuse by offenders than people in other fields of work and different types of sex work may introduce different harms. For example, Abel (2014) stated that abuse and violence are prevalent amongst outdoor sex workers conducting transactional sex services in isolated and dilapidated environments. Moreover, Mount (2018) and Sanders (2016) reported that physical violence may not always be prevalent with indoor sex work, but the prevalence of harassment and nonnegotiated sex acts may increase the need for harm reduction support.

Dworkin et al. (2017) reported that although the physical consequences of abuse against sex workers are prevalent, much less attention has been directed to their mental health/psychological outcomes. However, researchers have reported the negative mental health effects potentially associated with abuse (Maszak, 2018; Lederer & Wetzel, 2014). Moreover, commercialized sex workers may be susceptible to various psychosocial

vulnerabilities relative to physical and interpersonal abuse such as being insulted, humiliated or belittled, intimidated, and controlled or isolated (see Chisholm et al., 2017; Lyons et al., 2020). Mental disorders can emerge from multiple traumatic events experienced by abused individuals such as posttraumatic stress disorder [PTSD] (Jeal et al., 2015), potentially affecting the wellbeing of sex workers. The term *Insidious Trauma* is often used to refer to affected oppressed groups (e.g., people of color, individuals, sex workers, etc.) through cultural biases, safety threats, and stereotyping that derived from frequent “micro-aggressions” (Li, 2019) contributed to emotional pain resulting in psychic wounding (Levenson, 2017). Moreover, captivity may also contribute to mental abuse. Herman (1992) reported that captivity subjects the victim into prolonged contact with the offender creating a relationship of coercive control. This is equally true whether the victim is rendered captive primarily by physical force (as in the case of prisoners and hostages) or by a combination of physical, economic, social, and psychological means. Considering Herman’s study, Lederer and Wetzel (2014) agreed how sex work has extenuating effects to social and mental health/psychological outcomes for sex workers. Whether psychologically or emotionally, the notion of captivity (in its literal or metaphorical form) typifies trauma in the life of sex workers exposed to abuse. Thus, mental health issues may be related to social factors such as abuse experienced by sex workers impacting their health and wellbeing (see Farley, 2018; Sanders et al., 2016).

Benoit and Shumka (2015) stated that commercialized sex work is considered illegal in most states in the United States and has evolved into many controversies due to its highly stigmatized view. Stigma has been a significant factor in the wellbeing of

commercialized sex workers and is represented through societal and structural stigmas as well as self-esteem and self-efficacy factors (Weitzer, 2018). Thus, Fitzgerald-Husek et al. (2017) stated that it is easier for offenders to prey on sex workers due to perceived societal stigmatization associated with the nature of work. Some commercialized sex workers are not provided a legal recourse to report rapes that do not subject them to stigmatization (see Thaller & Cimino, 2017). For those sex workers who experience violence, fear of discrimination is felt that may increase prejudice or stigma (see Zhang et al., 2017). Moreover, Sabri et al. (2015) found that some sex workers expressed not wanting to seek advocacy due to perceived stigmas and societal barriers that may make it difficult to obtain quality support services. Heavily stigmatized populations may be less likely to engage in timely prevention strategies (see Penner et al., 2013). Thus, Ratliff et al. (2016) postulated that commercialized sex workers must navigate tensions between support for harm reduction-based services and stigmatization.

Given the stigma associated with commercialized sex work, it is posited that many of these workers may contend with low self-esteem and reduced self-efficacy (see Benoit et al., 2017; Foley, 2017). Benoit et al. (2017) examined the plausibility of self-esteem among sex workers, and the results showed it to be minimal (or non-existent) among studied sex workers. The consequence of stigmatizing these workers have led some people to perceive sex workers as inferior thereby justifying labeling and harm (see Zhang et al., 2017). Zhang et al. revealed that it is estimated that 45% of sex workers experienced some form of abuse from clients and 58% from other associates due to stigmas. Further, Zhang et al. constructed a conceptual model where they hypothesized

that abuse from any source would have a direct association with mental health issues and with self-esteem problems through stigma. Stigma among sex workers may be a fundamental determinant of the wellbeing and health of commercialized sex workers. However, Farley (2018) contended that the possibility existed that stigma and low self-esteem, or ill mental health, can erupt from all types of sex work regardless of how it is organized that impacts the wellbeing of sex workers.

Sanders (2016) reported that stigma and social status may have significant impacts on societal attitudes and treatment of sex workers by harm reduction supporters exacerbating self-esteem issues. Stigma may be external and activated through discrimination or evolve into an internalized sense of shame (see Benoit et al., 2017). Connecting the link between attitudes (produced by self-esteem) and abuse, Armstrong (2019) articulated how sex workers are generally known to be classified as a stigmatized segment of society. Moreover, some sex workers may feel inclined to remain incognito by separating themselves from needed support services due to perceived stigmas (see Armstrong, 2019; Mount, 2018; Walks, 2019). Klot and Wira (2013) reported that due to their vulnerability status, sex workers may face significant social stigmatization and may seek within-community support services.

Legal Systems

It has been debated how the justice system, through different legal systems, may influence disparities of protection against sex workers (see Parent, 2013) that may influence their choice in seeking advocacy (see Deering et al., 2014; Vanwesenbeeck, 2017). Legal systems play an immense role in shaping the wellbeing of marginalized

populations (Argentino et al., 2020) such as sex workers. In Marshall's (2016) study, he propagated the protection of human rights for commercialized sex workers and how state parties should centralize civil laws with holistic approaches to reduce harms. Some researchers have contended that the removal of punitive laws may eliminate abuse against commercialized sex workers and that removing those laws would be de-stigmatizing (see Abrol, 2014; Albright & D'Adamo, 2017). Glazer (2016) discussed the human rights aspects of sex work and how human-rights organizations contended to lift bans on sex work to promote safety factors for commercialized sex workers. I will further discuss how the three legal systems (criminalization, decriminalization, and legalization) may influence advocacy and the wellbeing of commercialized sex workers.

Decriminalization Versus Criminalization

Decriminalization is defined as the omission of punitive laws that eradicate sex work and classifies it as criminal behavior (Mathieson et al., 2016; Rothman, 2017). However, this does not mean that sex workers would be beholden to any laws, but they would be allowed to conduct sex work like other independent business owners without interference from the state (see Raphael, 2018). Typically, harm reduction is frequently addressed in law reform to promote safer environments for commercialized sex workers (see Ditmore, 2013). Thus, activists and interest groups may be promoting the decriminalization of sex work as a salient remedy for ending abuse and exploitation (see Farley, 2018; Raphael, 2018). Moreover, claims that decriminalization will mitigate abuse and violence aimed at sex workers may not be evidence-based (see Raphael, 2018; Shapiro & Hughes, 2017). Other proponents of decriminalization believe that it will

prevent abuse against sex workers by removing the criminality of the work (Platt et al., 2018) stating that it changes the criminalization aspect of sex work that may normalize abuse (see Sanders, 2016). Platt et al. (2018) published data on reasons believed why sex work should be decriminalized by listing one of the benefits as support services. Moreover, Dworkin et al. (2017) agreed that decriminalizing sex work may be a harm reduction strategy. However, Howard (2018) emphasized in his study that this data may be inconclusive to support these findings without the consideration of all legal factors. Insufficient evidence exists to prove that decriminalization or legalization will represent viable harm reduction strategies (see Farley, 2018; Forrey, 2014; Howard, 2018; Lachapelle et al., 2019; Raphael, 2018). Given the context of stigma, some sex workers may surmise that the existence of abusive clients and business owners may always be prevalent (see Raphael, 2018). Commercialized sex work is still rare and in-depth exploration may be minimal concerning the correlation between legislative approaches, stigma, and advocacy (see Armstrong, 2017).

Finally, there have been ongoing debates on how the criminalization of sex work may cause abuse and discrimination preventing sex workers from pursuing or receiving support services. Thusi (2019) and Vanwesenbeeck (2017) contended that the criminalization of sex work may make it more difficult for sex workers to consider advocacy due to attempts to strongly dichotomize criminalization and harm reduction. Krüsi et al. (2014) conducted a qualitative study on the lived experiences of sex workers and their reports of abuse and found that criminalization and policing strategies that target clients as criminals may exacerbate harms. Moreover, it has been proposed that

criminalization may have created an environment that limits sex workers' abilities to obtain secure needed networks (Deering et al., 2014; Thusi, 2019; Vanwesenbeeck, 2017).

Legalization

In Nevada, commercialized sex work and related activities are prohibited and legalized in some areas (Mount, 2018). Existing policies and regulations in legalized brothels can disproportionately affect sex workers in different ways (Platt et al., 2018; Sawicki et al., 2019). Cunningham and Shah (2017) reported that the effects of legalizing sex work are largely unknown as they have been studied primarily in controlled settings. Raphael (2018) found that legalization may promote competition among brothels (legal and illegal) with management directing sex workers to service abusive clients or acquiesce demands for unsafe sex. Moreover, the legalization of sex work may not erase the stigma associated with sex work and social isolation may still be a reality for sex workers who may seek support services (see Raphael, 2018; Sakha et al., 2015; Weitzer, 2018). Some commercialized sex workers refute legalization stating that it seems to institutionalize the control of individuals by those who enterprise sex (Forrey, 2014). Raphael further contended that under legalization, if the regulatory codes were removed, other existing codes such as trespassing, loitering, or public nuisance may still be aimed at sex workers. Additionally, given the cultural beliefs about sex work, decriminalization or legalization would likely not eliminate the stigma associated with this profession.

Summary

In a review of the literature, the apex of wellbeing has been predicated on harm reduction for commercialized sex workers. Although sex work is conducted in different settings, venues, and environments, the exposure and risks of harm may still be prevalent and critically unaddressed (see Deering et al., 2014; Farley, 2018; Howard, 2018; Thusi, 2018). Gathering research on the nature, extent, and impact of the commercialized sex industry in Nevada was challenging and presented some limitations in understanding businesses and customers in this segment of the entertainment market (Forrey, 2014). While not all sex workers are in harm's way, there are some who may be consistently subjected to risks of harm in different contexts (see Kempadoo & Doezema, 2018). Pitcher (2015) reported that there are legislative reforms designed to bring about change and will likely require long-term efforts to mitigate harms against commercialized sex workers. Few studies, if at all, exist that provide first-hand accounts of lived experiences of commercialized sex workers who pursued or received harm reduction services in the form of advocacy in Nevada.

Chapter 3: Research Method

An interpretive phenomenological research approach (see Heidegger, 1971) was chosen to explore individual experiences and provide the foundation to conceptualize the behavioral and emotive experiences of the study participants (see Moustakas, 1994). Phenomenology is a type of qualitative research that enables the researcher to focus on studying an individual's lived experiences within the world (Neubauer et al., 2019). Van Manen (2007) conjectured that the phenomenologist's role is to uncover the area from where meaning arises and that leaves an impression upon us. Thus, the purpose of this qualitative study was to explore the lived experiences of former commercialized sex workers who pursued or received harm reduction services in Nevada. Moustakas opined that phenomenology is a form of inquiry where the researcher seeks to comprehend the human experience. Commercialized sex workers' lived experiences were explored through semistructured interviews using a conversational protocol and researcher field notes. Pereira (2012) concluded that for a phenomenological study to be judged as valid, methodological congruence (rigorous and appropriate procedures) and experiential concerns must be considered. Daher et al. (2017) projected how lived experiences are the direct focus, experiences, and perspectives that participants have with the central phenomenon. Moreover, phenomenological research is beneficial in qualitative studies in that it can expand the knowledge and understanding of the complex phenomena immersed in behavior, communication, and learning (Neubauer et al., 2019).

In this chapter, I provide the qualitative methodology that was used for this phenomenological study, including the research design and rationale, the role of the

researcher, participant selection logic, inclusion criteria, human ethics and dual relationships, sampling, instrumentation, interview process, researcher-developed instruments, procedures for recruitment, participation and data collection, data analysis plan, managing and verifying data, issues of trustworthiness, ethical considerations, and summary.

Phenomenology

Phenomenology uses a distinctive method to study the structural features of experience and of those things experienced (Neubauer et al., 2019). Mostly, it is a descriptive (rather than explanatory) discipline independent of scientific (including causal) explanations of the nature of experience (Neubauer et al., 2019).

Phenomenological data are the individual's descriptions, meanings, and perspectives related to the phenomenon being researched (Groenewald, 2008). Phenomenology began with the work of Husserl (1970) as he defined it as transparent descriptions of the way things appeared. Husserl (1982) further contended that the lived experience of a phenomenon are perceived by people who have directly experienced the phenomenon. His assertion requires a researcher to relinquish their beliefs and attitudes and simply focus on the individual's experience of the phenomenon aiding in capturing its essence (Husserl, 1982). Following Husserl, phenomenology was expanded and adapted by Heidegger (as cited in Vagle, 2014). Heidegger et al. (1962) postulated that the term *phenomenon* indicates a showing of self. Hermeneutic phenomenology (or interpretive phenomenology) originated from Heidegger et al. where they focused on the interaction between individuals and their lifeworld (as cited in Neubauer et al., 2019). The focus of

Husserl's descriptive phenomenology identified individuals' meanings of lived experiences or to extract meaning from their daily lives (Husserl, 1982). Further, Husserl denied the notion of objects existing independently from the subject (as cited in Vagle, 2014). However, because a phenomenon is explicated by the meaning of its subject, anything external to the immediate experience must be disregarded (Fouche, 1993).

In order to isolate the phenomenon being analyzed and to interpret the meaning of lived experiences, descriptive phenomenology requires the use of bracketing as a way of suspending all suppositions with the aim of isolating the individual's lived experience (Neubauer et al., 2019; Vagle, 2014). Unlike Husserl (1970), who underscored the bracketing of biases in order to isolate the phenomenon's lived experience, Heidegger's (1971) phenomenology was context-bound. Thus, interpretive phenomenology omits bracketing as the object cannot be disconnected from the subject's interpretation (Groenewald, 2008). Smith and Osborn (2015) postulated that interpretive phenomenology produces an account of lived experience independently rather than theoretical preconceptions, and it highlights this as an interpretative effort as humans are sense-making organisms.

Lived Experience

Lived experience is a construct in phenomenological research (as cited in Vagle, 2014). Lived experiences are ways that individuals live in relation to a phenomenon (Barrow, 2017). Creswell (2007) described the phenomenology approach as being most effective in interpreting the lived experiences of individuals for profound understandings of the phenomenon conveying the individual's accounts. Patton (2002) explained how

phenomenology is essentially interpretative while drawing on descriptive phenomenology through the individual's credible experience and perceptions of the phenomenon. Van Manen (1990) stated that a good description constituting the essence of something is conveyed in the structure of a lived experience capturing the nature and significance of the experience. Further, Ricoeur (1981) expressed that human interactions (all lived experiences) contain a linguistic structure in some type of text or form.

Research Design and Rationale

Teherani et al. (2015) emphasized the importance of the qualitative research design as it encompasses philosophical assumptions. The cognitive and behavioral aspects of the phenomenon was explored and used as the framework for the study (see Bradshaw et al., 2017) on sex workers who may have experienced abuse by offenders. Thus, a phenomenological research study was conducted to address the research question. The process of collecting, organizing, and interpreting the findings of the study promoted a better understanding of the research problem (see Bradshaw et al., 2017). The exploration of each participant's experience was the goal of conducting a qualitative study while constructing meanings of their shared experiences (see Fletcher, 2017).

Unlike quantitative research that is acquiescent to measuring and averaging, qualitative research is designed to answer questions and explore meanings and perceptions (Hammarberg et al., 2016). The quantitative research design method was not feasible for this study as it is useful in testing a hypothesis or in studying a quantitative subject. Sutton and Austin (2015) postulated how the qualitative research design's intent is to convey why people have thoughts and feelings that possibly impact their behaviors.

Using a qualitative research design for this study, I explored the lived experiences of former commercialized sex workers who pursued or received harm reduction services in Nevada.

While I chose the phenomenological qualitative method, there were other approaches that were not selected as appropriate for this study's problem focus. An ethnographic study was not considered as its focus involves in-depth observation/immersion of cultural and native groups (large) and their historical and cultural contexts regarding social interactions (see Holliday & MacDonald, 2019). My intent was to obtain robust data with exhaustive descriptions (not generalized) of the phenomenon of the lived experiences of commercialized sex workers; therefore, a case study was not appropriate (see Mfinanga et al., 2019). Additionally, the grounded theory was not chosen as it seeks to develop explanations concerning theories about a studied phenomenon resulting in a tested theory for generalizability (see Creswell & Poth, 2016; Tie et al., 2019). As I was seeking to explore the lived experiences of individuals, using the narrative theory would have required viewing events in an applied time sequence and making connections between events or stories (see Bruce et al., 2016); thus, I chose not to use this research method for my research study because it did not align with my research question. After a review of the different methodologies, the qualitative phenomenological research design appropriately aligned with my research topic.

Role of the Researcher

As a researcher, I was the instrument that collected and interpreted the data for my qualitative research study consistent with the methods of Fletcher (2017). I chose to

use the qualitative research approach as aligned with Teherani et al. (2015) who underscored the social phenomenon of qualitative research depicting interactions and experiences that mold the lives of people. Thus, through the lens of phenomenology, I analyzed the participant's experiences, influences, and interactions with those around them. Critical information can be collected on the influences of human behavior and their social interactions (Choo et al., 2015).

There was the potential of inflating the role (or identity) as a researcher who has control of the interview process and participant (Råheim et al., 2016). Therefore, as a self-awareness measure, I ensured that my role was well defined and clearly articulated (see Råheim et al., 2016). Husserl (1970) defined the Greek meaning of the word *epoche*, meaning to omit judgment and avoid the daily and mundane way of perceiving things (as cited in Moustakas, 1994) to strongly convey the criticalness of setting aside a researcher's opinions and understandings to become free from suppositions in phenomenological research (McNeil, 2015). Moreover, Nicholls (2019) conveyed how researchers should develop an ontological and epistemological viewpoint as the basis to the researcher's identity/role. Therefore, my focus was directed in understanding the meanings attributed to the responses provided by the participant to extract meaningful data (see Nicholls, 2019). As an additional ethical consideration, I was aware of the impact of certain interview questions to eliminate unnecessary emotional intrusion (see Råheim et al., 2016). Further, I refrained from asking clarifying questions that may have crossed privacy boundaries and potentially unrelated to the research question (see Sutton & Austin, 2015).

Methodology

In this qualitative methodology, I explained the systematic empirical (grounded in the world of experience; Shank, 2002) immersion into my phenomenological study.

Participant Selection Logic

All aspects of the selection process were necessary to produce quality research (see Martinez-Mesa et al., 2016). The population of interest for this study was former commercialized sex workers who live or have lived in Nevada. I chose former commercialized sex workers with the intent of minimizing risk to existing workers who might be subjected to some form of ongoing abuse. Second, having workers self-identify as being former and not in the profession for at least 6 months allowed some distance from the active profession where it was hoped that they were not actively involved in the work.

Inclusion Criteria

My inclusion criteria were selected participants who self-identified as

- individuals 18 years and older
- English speaking
- self-identified as a former commercialized sex worker who lives or has lived in Nevada and pursued or received harm reduction services
- self-identified as being out of the profession for at least 6 months

Participant Pool

Prospective participants self-identified as meeting the above inclusion criteria and voluntarily agreed to consent to be included in the study. Interested participants who self-

identified was provided a demographic questionnaire form (Appendix A) to determine their eligibility to be selected to participate in the research (see Grossoehme, 2014). They were also notified of the informed consent via email and/or verbally via telephone. Since qualitative samples are purposive in that they are selected by virtue of their ability to produce richly textured information (Vasileiou et al., 2018), the goal was to recruit between 8 to 10 participants or until data saturation was reached.

Human Ethics and Dual Relationships

As it is necessary as a researcher to understand human ethics, the Belmont Report was used to highlight important considerations for sensitive populations at risk for discovery (Quinn, 2015). The Belmont Report promotes adherence to research duties as follows: (a) to avoid hurt/harm, and (b) maximize possible benefits while minimizing potential harms (Quinn, 2015). Further, the process of collecting data from this population was completed in accordance with data security measures and existing protocols sanctioned by local governmental entities (see Altman et al., 2018). Additionally, there were no participants with whom I had a previous personal or work-related relationship in a subordinate or supervisory role.

Sampling

Participants were selected through purposive and snowball sampling (see Grossoehme, 2014). The participants were located in various states within the United States but previously lived in Nevada. Thus, I adopted a range of privacy controls, including explicit and informed consent that helped limit information they provided that was outside of the research question (see Altman et al., 2018). As there was potential for

a small participant pool due to the sensitivity of the subject, heterogeneous sampling (see Jager et al., 2017) was used until data saturation was accomplished. This allowed me to ensure that I only interviewed the number of participants needed to reach data saturation and not exceed that amount.

Instrumentation

Open-ended interview questions comprised of the instruments used for this study. Semistructured interviews were used to allow the participants to freely expound on responses to collect rich data (Jamshed, 2014). Participants were briefed before and during the interview process concerning their informed consent. During the discussion concerning the informed consent, I expressed the study's purpose, and the interview process to include confidentiality, anonymity, and the appreciative value of their input (see Yip et al., 2016). A demographic questionnaire form (Appendix A) was provided to determine eligibility through self-identification (see Archibald & Munce, 2015). The interview protocol consisted of 10 participants until data saturation was reached in order to confirm or corroborate results with other research (see Saunders et al., 2018). Using the theoretical saturation of data, interviews were conducted and thoroughly reviewed for repetition to a point was reached in the analysis of data that sampling more data did not lead to more information related to the research question (see Saunders et al., 2018).

Interview Process

There were four, open-ended interview questions (Appendix C) to allow for robust responses (see Oltmann, 2016). The time allotted for interviews was 60 to 90 minutes, using Hermeneutic Phenomenological Interviewing (see Lauterbach, 2018), that

allowed me to have prolonged engagement during the interviews in a collaborative, conversational process with the goal of understanding their lived experiences (see Kafle, 2011). There was a 10-15-minute question/answer period afforded to participants. The process began with reading the informed consent, addressing any questions about the study, and stressing the voluntary nature of the study and confidentiality. Each participant was given a list of resources (Appendix D) that contained sources of contact free of charge or a low-cost option should they have experienced any stress or emotional reaction from the interview. Each participant received a \$20 Walmart e-gift card for participating after the interview convened.

Interviews were conducted via Zoom (audio) and by phone. By using the audio feature, I concealed the identity of the participants. If Zoom was not available, the phone using a Phillips voice recorder was used. To prompt the interview responses, I encouraged participants to express their thoughts on lived experiences and then asked clarifying questions (e. g. used with Lauterbach, 2018). As a researcher, I used interpretative phenomenological analysis aligned with Sutton and Austin (2015) to probe responses and confirm the meaning of what the participant was saying. To ensure completeness, descriptive field notes were taken with annotations (see Sutton & Austin, 2015). I paid special attention to silences and word emphasis (see Sinha, 2017) and adjusted my interview questions accordingly. All participants were reminded that answering questions were voluntary and that they could stop the interview without penalty at any time.

The interviews were transcribed for accuracy by recording verbatim responses and quotes and by using a standardized transcription protocol (see Forero et al., 2018). When needed, I used member checking to clarify the participant's quotes (see Forero et al., 2018).

Ending the Interview

At the conclusion of the interview, participants were debriefed with an overview of the study and asked if there were any additional information they wanted to add (see Palinkas et al., 2015). Each participant was thanked for participating in the study and was reminded of data privacy standards for the study. The participants were also reminded about the use of the list of resources.

Researcher-Developed Instruments

As the researcher of this study, I developed research instruments to be used during my research. The demographic questionnaire form (Appendix A) was used to screen eligible (self-identification) participants for the research (see Kenealy et al., 2015) based on age, English-speaking, their lived experience when they pursued or received harm reduction services in Nevada. The research question and semistructured interview questions (Appendix B) were used during the interview process. The adequacy of the research question and semistructured interview questions allowed me as the researcher to concisely report the participants' lived experiences with the research topic (see Kenealy et al., 2015).

Procedures for Recruitment

As a recruitment strategy, I disseminated a research flyer (Appendix C) to organizations to recruit interested participants. The use of passive online recruitment through designated social media platforms was used to recruit potentially hard-to-reach participants while being mindful of salient ethical concerns (see Gorman et al., 2014). Interested participants contacted me directly to participate in the study. All recruitment tools used described the goals, risks, and benefits of the study (see Gelinias et al., 2017). The flyer included my contact information to schedule an interview as well as informed participants of their voluntary rights (see Archibald & Munce, 2015). The participants were provided a demographic questionnaire form (Appendix A) to complete to determine their eligibility, through self-identification, for the study and then, if determined eligible, was advised (orally and/or in writing) of their informed consent before and after the interview process (see Archibald & Munce, 2015).

Procedures for Participation

As the recruitment process ended and interviews began, I intentionally ensured that the participants were comfortable and provided all necessary information concerning the process (see Archibald & Munce, 2015; Saunders et al., 2018). The participants were notified of the informed consent provisions and privacy/confidentiality rights that were discussed throughout the interview process (see Kenealy et al., 2015). Participants were also provided a list of resources to assist with any emotional needs and reminded of the voluntary nature of the study. Participants were assigned a pseudonym for use throughout the study. The specific names and dates were de-identified and renamed from those

originally reported to protect the identity of the participants involved. I ensured that all information was safeguarded by omitting/redacting names (use of pseudonyms) and securing the storage of files accordingly (see Gelinias et al., 2017). I emphasized confidentiality as well as the participant's right to terminate the interview at any time (see Saunders et al., 2018). As I was aware that research is co-constructed by both researcher and participant, it was necessary for me to employ reflexive practices to be clearly conscious of introspection (see Corbin & Strauss, 2015).

Procedures for Data Collection

To yield rich responses in the data collection process, semistructured interviews using an inductive style of questioning was used (see Oltmann, 2016). The goal was to eliminate boundaries and impediments during the interview process by utilizing semistructured interviews (see Seidman, 1991). To encourage a conversational-style process, Hermeneutic Phenomenological Interviewing (see Lauterbach, 2018) was used to methodically explore their lived experiences (see Kafle, 2011). This process allowed me ask questions that were aimed at drawing out experiences and perceptions of the participants and ask clarifying questions as needed (see Oltmann, 2016). Think aloud interviews were used as needed when solid responses were required from participants allowing them to verbally express thoughts out loud (see Lauterbach, 2018). The data was collected via Zoom (audio) and phone using a Phillips voice recorder and transcribed for accuracy by transcribing data and was collected until data saturation occurred. Data was recorded electronically using Microsoft Excel spreadsheet to include method of

contact, organization (if applicable), participant (general) information, and eligibility (see Kenealy et al., 2015).

The interviews were recorded electronically via Zoom (audio) and phone using a Phillips voice recorder and transcribed for accuracy by transcribing data verbatim and analyzed iteratively with reference to a standardized transcription protocol (see Forero et al., 2018). After the interview had been completed and information recorded, I immediately applied member checking procedures if clarification was needed (see Forero et al., 2018). All responses from the participants were meticulously documented (see Oltmann, 2016). My chair reviewed all interview transcripts (recordings and written notes).

Data Analysis Plan

Colaizzi's (1978) 7-step process was used as my data analysis plan, because it produced meticulous analysis correlating the data. In the first step, I familiarized myself with the participant's data by reading through their interview responses (see Colaizzi, 1978). The interviews, documents (field notes), reflexive journal, and electronic recordings were reviewed and cross-referenced for consistency ensuring the accuracy of the data (see Corbin & Strauss, 2015). Secondly, I identified data that was associated directly with the lived experience of commercialized sex work (see Colaizzi, 1978). Thirdly, I identified meanings relevant to the research while carefully analyzing significant responses (see Colaizzi, 1978). Dissecting the data and grouping them into meaningful sections of data (see Forero et al., 2018) was a salient part of the data analysis process that I patiently conducted. Afterwards, I collected distinctive meanings into

themes while bracketing any pre-suppositions to avoid the potential influence of an existing theory (see Colaizzi, 1978). As a part of my data analysis strategy, I used an inductive thematic analysis (see Nowell et al., 2017) by translating and coding using notating themes (defining and naming) to familiarize myself with the data to obtain interpretations and the content of the themes (see Giavarina, 2015). Hence, I used open coding and interpretive memoing where I identified words that represented emerging topics that could potentially shape categories of meaning (see Giavarina, 2015). Esterberg (2002) stated how open coding was a process where the researcher worked intensively with the data going line by line to identify themes and categories that appeared important. The open coding of the data was done iteratively, and existing codes were compared to new ones to determine if new categories emerged (see Esterberg, 2002). I then labeled those categories with terms using the actual language from the participants (see Giavarina, 2015). Afterward, I looked for salient indicators that emerged within the data to configure the evolution of core topics (see Schuemann, 2014). I continued the coding and memoing phase viewing it more critically by focusing on confirming and revising any new emerging topics into meaningful units (see Forero et al., 2018). I deeply contemplated the evolving categories and looked for alternative meanings before converting the categories into thematic units and using the themes to devise my descriptive report (see Schuemann, 2014). Following this step, I wrote a complete description of the lived experiences of commercialized sex work and incorporated identified themes (see Colaizzi, 1978). I narrowed the description down to critical points that were considered essential to the structure of the lived experiences (see Colaizzi,

1978). I ensured that the transcriptions were coded succinctly into meaningful and manageable segments of data (see Palinkas et al., 2015). The data was analyzed and re-analyzed to establish the relationship between various themes and responses promoting consistency and conclusive results (see Giavarina, 2015; Palinkas et al., 2015).

Throughout the coding process, I ensured data saturation by constantly reviewing and connecting the themes (see Saunders et al., 2018).

Managing and Verifying the Data

The data used in my study was managed and verified appropriately. The study's credibility was gained through the interview process by transcribing data verbatim with reference to a standardized transcription protocol (see Forero et al., 2018). In my reflexive journal, I made note of my impressions, ideas, and thoughts that were experienced during the interviews (see Giorgini et al., 2015). MAXQDA Analytics Pro 2020 was used instead of NVIVO qualitative software due to its ease of use. MAXQDA Analytics Pro 2020 was only used for consolidating the analysis of data. Instead, as the researcher, I was the primary instrument for analyzing the data. I merged the findings of similar themes for meaning of analysis context (see Palinkas et al., 2015). The data was tracked and maintained in Microsoft Word documents, and all files are password-protected on my secured computer (see Palinkas et al., 2015). I categorized discrepant cases and addressed anomalies relevant to the findings.

Issues of Trustworthiness

As a researcher, it was necessary that I address how the research findings were credible, transferable, dependable, and confirmable to determine trustworthiness (see

Leung, 2015). I utilized two notions that served as quality factors of this study: (a) transforming the raw data into phenomenologically informed expressions relating back to the meanings developed from the data, and (b) synthesis of the transformed meanings into structured descriptions represented by the participants (see Padgett, 2008). To demonstrate trustworthiness, I showed that the data analysis had been conducted in a consistent manner by arranging and recording data to promote credibility (see Lincoln & Guba, 1985; Nowell et al., 2017). Prior to analyzing the data, I bracketed prior conceptions and knowledge about the lived experiences and recorded them in my journal (see Leung, 2015). I identified my own interpretations of former commercialized sex workers' lived experiences that tended to reflect prior meaning rather than the interview transcripts that was not related to experiences discussed during the interviews (see Gadamer, 1989). Moreover, the member checking process aided me in checking my own subjectivity confirming the trustworthiness of the findings (see Schwandt, 1994).

Credibility (Internal Validity)

This study was a qualitative inquiry that offered a significant level of internal validity (see Korstjens & Moser, 2018; Leung, 2015) as researcher and participant collaborated data by exploring the lived experiences of former commercialized sex workers. I utilized rich (quality), thick (quantity) descriptions of the study methods and established a clear audit trail of the research process (see Hayashi et al., 2019). I ensured that credibility in my research clearly supported trustworthiness (see Harrison et al., 2001) to link the findings about former commercialized sex workers' lived experiences

demonstrating truthfulness (see Korstjens & Moser, 2018). I demonstrated credibility through prolonged engagement and member checking procedures.

Prolonged Engagement

As it was necessary that I build a good rapport with the participants, I used prolonged engagement to allow 60 to 90 minutes for interviews, including the additional needed time for follow up (see Quinney et al., 2016). I also allowed 10 to 15 minutes for questions and answers. Specific interview questions, along with follow up questions, were asked to draw out examples of lived experiences of the participants (see Quinney et al., 2016). I used Hermeneutic Phenomenological Interviewing that allowed me to engage interviewees in a collaborative, conversational process with the goal of understanding their lived experiences (see Kafle, 2011). The data from the interviews were thoroughly reviewed for emerging themes (see Palinkas et al., 2015) and meticulously documented through the integration of interview responses and electronically recorded data by transcribing verbatim with reference to a standardized transcription protocol (see Forero et al., 2018). Interviews were conducted until saturation of data was reached and similar themes emerged (see Palinkas et al., 2015). Triangulation was systematically demonstrated through the data collection process using in-depth interviews, memoing and reflexive journals, and field notes (see Leung, 2015). The data was constantly read and re-read systematically categorizing and analyzing themes and meanings (see Palinkas et al., 2015). As reflexivity enhanced my awareness of ethical issues encountered during the study involving sensitive issues, I protected the participants from unnecessary harm (see Gullemin & Gilliam, 2004). I documented any biases in my reflexive journal to ensure

omission from the research (see Hayashi et al., 2019). Summatively, credibility was met with a transparent and exhaustive record keeping process adding dependability to the study.

Member Checking

The member checking process was particularly important and useful in establishing credibility (see Merriam, 1998). To build trust and rapport through the member checking process, time was taken to clarify and repeat responses to ensure accuracy during the interviews as needed (see Giavarina, 2015).

Transferability (External Validity)

The transferability of the data was reflected using thick descriptions (see Creswell, 2007; Geertz, 1973) of the participants' lived experiences extracted from field notes and interview transcripts (see Forero et al., 2018; Leung, 2015). Rich, thick descriptions were critical for the transfer of information by the reader to determine if the findings could be applied to other situations (see Creswell & Poth, 2016). I used robust, textural descriptions to support emerging themes (see Forero et al., 2018; Leung, 2015). The unique voice of each participant was the center of my research process allowing future researchers to decide the applicable transferability of the findings to other settings (see Creswell, 2007).

Dependability

I engaged in the process of explicating my assumptions and notions using epoche (see Moustakas, 1994; Van Manen, 2017). Epoche (Husserl, 1970) was used to establish dependability to assist in being consciously aware of my own biases (see Moustakas,

1994) related to sex work. My use of memoing and journaling (field notes) throughout data collection and analysis process was used to avoid presuppositions from influencing results (see Golafshani, 2003). Data saturation was used until no new themes emerged from the interviews (see Lincoln & Guba, 1985). The member checking technique demonstrated the study's reliability by reviewing the participant's responses and verifying verbatim transcriptions (see Forero et al., 2018; Leung, 2015). Delmont (2016) stated that triangulation was critical in that it enhances the credibility of the research and demonstrates the rigorous process of utilizing multiple sources of data, as well as methods, to conduct the study. I demonstrated methodological triangulation (see Leung, 2015) by using various data collecting methods such as in-depth interviews, transcripts, and field notes (see Fusch et al., 2018) for data saturation (see P. Fusch & Ness, 2015). The data was constantly read and re-read systematically categorizing and analyzing themes and meanings (see Sutton & Austin, 2015). Auditing and verifying accuracy of information are methods that reflects the dependability of a study (Leung, 2015). Therefore, I used an audit trail to clearly delineate the steps used to analyze and reflect on the data and to show how codes were defined, combined, or eliminated (see Leung, 2015) as well as utilizing reflexivity in demonstrating dependability (see Gough, 2003; Hayashi et al., 2019). I have a documented audit trail showing how the data was categorized.

Confirmability

My methodological description will be provided to enable the reader to determine confirmability demonstrating how the emerging data, themes, and meanings can be accepted (see Shenton, 2004). Miles and Huberman (1994) stressed that reporting on

researcher beliefs and assumptions is a major criterion of confirmability requiring transparency in reporting during qualitative research. One way to establish confirmability was to ensure that I conducted the study without bias and interpreted what the data showed in an unbiased way (see Hayashi et al., 2019). I applied a cyclical process using hermeneutic phenomenological writing (see Van Manen, 2007) that I thoroughly read and digested the collected data, documented reflections, and drew interpretations (see Gadamer, 1989) until I had fully captured the participant's lived experience related to the research question (see Lauterbach, 2018).

Within qualitative research, reflexivity assists the researcher in identifying the impact of the researcher on the study design, data collection, analysis of the data, and presentation of the findings (see Gough, 2003). Therefore, I used my reflexive journal to write and revise formed interpretations (see Lauterbach, 2018) and document any biases in my reflexive journal to ensure omission from the research (see Hayashi et al., 2019). Additionally, I used operational memoing noting critical assessments and directives (see Groenewald, 2008).

The concept of confirmability equates to whether the findings are determined coherent and supported by the data (Lincoln & Guba, 1985). Dependability and confirmability were confirmed by my attention to the effective organization of data using written field notes/memos and transcriptions (see Gough, 2003). For confirmability, I debriefed the participants to reflect on provided responses (see Lincoln & Guba, 1985).

Ethical Considerations

As a researcher conducting a phenomenological study concerning the lived experiences of former commercialized sex workers (human subjects), I applied explicit and meticulous ethical protocols (see Raheim et al., 2016; Yip et al., 2016). All participants were informed about nature of the study orally and/or in writing prior to the interview (see Al Tajir, 2018). Eligibility required participants to be 18 years or older to avoid targeting underaged groups (see Al Tajir, 2018). As a researcher, I ensured that the findings of my research were void of personal biases and opinions, and I documented any biases in my reflexive journal (see Gough, 2003; Mecca et al., 2015). Ethical considerations were demonstrated through the recruitment and data collection processes.

Recruitment Process

I remained cognizant that the recruitment of my study involved privacy concerns and ensured the appropriate measures were taken (see Wolf et al., 2015). Recruitment information was articulated clearly using simple language to avoid any misconceptions (see Ellard-Gray et al, 2015). There was no exculpatory language stated or inferred in the solicitations and emails used to recruit participants (see Ellard-Gray et al., 2015). Additionally, I conveyed the benefits and risks associated with the research study as well as stressed the voluntary nature of the study (see Preston et al., 2016). Preston et al advised on avoiding coercion or undue influence during the recruitment process. Therefore, I allowed sufficient time to relay a thorough explanation of the study and allowed participants ample time (48 hours) to consider participation if needed.

Data Collection Process

As the participants of my study have stigmatizing traits, I took the necessary steps to conceal identities as exposing them would promote a propensity for harm (see Barrow & Khandhar, 2019). My actions were predicated on the emphasis of protection from harm in accordance with the Belmont Report's emphasis on *beneficence* stating that no harm to the participant must be incurred by the researcher (see Barrow & Khandhar, 2019).

According to Barrow and Khandhar, pseudonyms were immediately applied during the informed consent process to replace personal identifiers. Confidentiality was critically addressed with the participants during the data collection process (see Al Tajir, 2018). As a first step of balancing my ethical obligation, I discussed the informed consent and confidentiality with the participants (see Al Tajir, 2018) before and after the interview process. An informed consent notice was provided and verbally discussed with each participant with a concerted effort in disclosing various aspects of the research (i.e., safety, privacy, stressing voluntary rights, etc.) and participant identities were concealed appropriately to promote anonymity (see Yip et al., 2016).

For transparency, I also discussed the data collection process and how the data would be handled. To strengthen the credibility of my study, I allowed enough interview time in both the initial and question and answer sessions (see Lincoln & Guba, 1985) as well as member checking, if needed (see Leung, 2015). This involved clarifying responses with the participants when necessary to obtain their perspectives regarding the accuracy and credibility of the data, analyses, and interpretations (see Creswell, 2007). Padgett (2008) stated that transferability is in reference to the generalizability of a study's

findings. I provided thick, rich descriptions to include using extended quotes for transparency purposes so that the reader can make the connection between what the participants stated and how I comprehended it to ensure transferability (see Geertz, 1973; Padgett, 2008).

I ensured that the interview process was meticulously adhered to according to this stated proposal and that all interview protocols were followed (see Giorgini et al., 2015). Anonymity was stressed with the participants to build trust and confidence in my ethics as a researcher (see Saunders et al., 2018). Participants were informed that they could terminate the interview at any time. Moreover, I provided participants with a list of resources (Appendix D) to aide them in obtaining mental health assistance if needed.

I ensured that I followed the necessary guidelines to obtain approval from the Institutional Review Board (IRB) as needed (see Parker, 2016). The overarching goal of the research was aligned with IRB requirements to protect human subjects in research and consideration of the ethical dimensions (see Leung, 2015; Parker, 2016). In accordance with IRB's guidance, I ensured the completion of the Form A and obtained guidance on forms needed for the research (see Walden University, 2019). Upon receiving the documents from the IRB, I submitted the form and worked out any potential ethical issues prior to proposal approval (see Walden University, 2019). The IRB provided the Preliminary Ethics Feedback service with written feedback concerning ethical challenges that needed to be addressed or considered (see Walden University, 2019). As a final step in the process, the IRB provided approval to confirm that the

recruitment efforts and data collection procedures were acceptable (see Walden University, 2019).

Data Retention

Information was locked in my security box and stored on a computer that is password protected in my home office (see Saunders et al., 2018). The data was secured and locked for 5 years according to Walden University's guidelines (see Walden University, 2019). All information will be appropriately destroyed after 5 years by shredding and deleting all files from my computer in my home office (see Walden University, 2019). Each participant will be offered a summary report of the findings after the dissertation is approved (see Walden University, 2019). Voice recordings will be destroyed after the completion of my dissertation for further safeguards.

Summary

The goal of this chapter was to outline the research method used to answer the research question. This chapter examined the qualitative methodology that was used for this phenomenological study including the research design and rationale, role of the researcher, participant selection logic, instrumentation, procedures for recruitment, participation, and data collection, data analysis plan, managing and verifying data, issues of trustworthiness, and ethical considerations. The sections of this chapter addressed how each method was conducted and considered to ensure a meaningful and ethical study. The empowerment theory (Zimmerman, 1990) provided the foundation for analyzing the perceptions of sex workers who pursued or received harm reduction services in Nevada. A qualitative research method was appropriate for the study and was useful in

communicating with former commercialized sex workers concerning their lived experiences. The goal of Chapter 4 is to provide the research results and demonstrate the effectiveness in the methodology outlined in this chapter.

Chapter 4: Results

The purpose of this qualitative phenomenological study was to explore the lived experiences of commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services (or advocacy). For the purpose of this study, the terms *harm reduction* or *harm minimization* were used to describe actions or activities that promoted the health, safety, and wellbeing of individuals (see Jeal et al., 2015) as well as the respect for human rights (Walks, 2019). The additional intent of this study was to provide new information and insights that may contribute to extending the body of knowledge specific to understanding commercialized sex workers in Nevada while also learning their thoughts about the essence of their own wellbeing. In synthesizing the themes derived from the findings of this study, commercialized sex workers perceived that harm reduction services were uneasy to locate and inadequately designed for the population, and the act of self-preservation could result in the workers using unhealthy coping strategies.

I used a phenomenological approach to explore the lived experiences of commercialized sex workers who pursued or received harm reduction services in Nevada to gain insight into the perceptions of advocacy in the form of harm reduction. Participants of this study were 10 individuals who were former commercialized sex workers in Nevada and who had been out of the profession for at least 6 months. Using semistructured interviews, I encouraged open and free discussion of their experiences surrounding the phenomena of pursuing and/or having received harm reduction services

(or advocacy) in Nevada. The open-ended research questions were designed to elicit responses concerning the lived experiences of the study participants.

The data that emerged from the research questions revealed a variety of factors that influenced their decision when they pursued or received harm reduction services. The participants' descriptions of their lived experiences led to further comprehension and notable dynamics of the phenomenon. In this chapter, I outline recruitment, data collection process, data analysis, verification procedures, and present findings of the study. Topical headings are setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and summary.

Setting

The participants were provided with the options of Zoom (audio only) or telephone interviews. Interviews were scheduled at the convenience of the participants. When contacted on the scheduled date/time, I confirmed with the participants if the interview date/time was still conducive to their schedules. The choice to participate in this study was voluntary. There were no personal or organizational conditions that influenced the participants (or their experience) or influenced the interpretation of the study results. There were no budgetary complications for this study. There were no dilemmas with obtaining the necessary items for the study. Funds were reserved to purchase the Walmart e-gift cards.

Demographics

In this study, a total of 10 participants who resided in different locations within the United States but who had previously resided in Nevada were interviewed.

Participants self-identified as being former sex workers, 18 years and older, English speaking, and been out of the sex profession for at least 6 months. To maintain their anonymity, names were not used and were replaced by codes such as Participant 1 through Participant 10.

Data Collection

After IRB approval was received (Walden University's approval number for this study was 08-28-20-0666557), I collected data through the use of semistructured interviews of 10 participants who met the inclusion criteria to get a better understanding of their lived experiences when they pursued and/or received harm reduction services in the form of advocacy. I conducted the recruitment of participants by using flyers posted by partner organizations such as support/coalition groups, nonprofit organizations, research professionals, and healthcare facilities (see Appendix B) in an attempt to obtain interested and eligible research participants. I sent my research flyer, demographic questionnaire (Appendix A), and the informed consent containing IRB's approval to the organizations via email. I also used snowball sampling as an effective way of recruiting participants. The duration of the data collection process was between September 1, 2020 and October 8, 2020, and the interviews were conducted from September 11, 2020 to October 8, 2020. Interested individuals contacted me through my Walden student email where I confirmed that they met the eligibility requirements. I then sent them the informed consent with IRB's approval for their review. I asked that they review the informed consent and then notify me of a date/time at their convenience to conduct the interview. A mental health resource list was also sent to all participants via email. All

participants self-identified as meeting the criteria of being a former sex worker in Nevada, 18 years or older, English speaking, and out of the profession for at least 6 months. There were no potential participants who indicated they were in crisis resulting in exclusion from the study. No real names of any participants were used at any time, and the only code used was the “P” for the participant (P1, P2...P10) to ensure confidentiality. The 10 participants were scheduled to be interviewed for 60 to 90 minutes using semistructured interviews via Zoom (audio) or telephone calls from the privacy of my own home in an effort to protect participants' confidentiality. The average interview time was 46 minutes. I recorded the interview sessions using a digital audio voice recorder and cell phone recorder, and I saved the recordings on my password-protected computer. I took notes (field notes) during the interviews and notated expressions, potential anomalies, and any outward expressions of emotions in my reflexive journal. Interviews were transcribed both manually and with an automated transcription program. The interview transcriptions were uploaded into MAXQDA Analytics Pro 2020 on my password-protected computer. I chose to use MAXQDA Analytics Pro 2020 due to its user-friendliness and comprehension instead of NVIVO. All identifiable information was removed and pseudonyms, including numerical coding, were substituted for the participants' names. There were no unusual circumstances that were encountered in the data collection process.

Data Analysis

In this phenomenological study, I applied Colaizzi's (1978) 7-step process (as outlined in Chapter 3), that produced a meticulous analysis correlating the data.

Colaizzi's data analysis plan provided an opportunity for me to obtain meaning from the 10 semistructured interviews by labeling and categorizing significant statements and themes that were relevant to pursuing or receiving harm reduction services. In the first step of data analysis, I transcribed the audio-recorded interviews immediately after conducting the individual interviews to ensure information was captured as accurately as possible. I used an automated transcription program to transcribe the contents of the audio recordings. I reviewed the automated transcriptions to verify accuracy by replaying the recordings repeatedly. I read and reread the participants' responses to the research questions to familiarize myself with the participants' responses. I began the data analysis process by reading through their responses again, identifying, examining, and interpreting patterns and themes to help answer the research question. I used different colored pens and highlighters to identify the participants' statements that pertained to the experience of advocacy support services. This manual translation process of coding and categorizing increased my familiarity with the participants' experiences. I bracketed the research question to safeguard its attention (see Patton, 2002). All responses pertaining to the research question that represented how the participants experienced the phenomenon were listed and considered. All repetitive statements were omitted, and pertinent statements were labeled/categorized. I noted similarities and parallels between participants' experiences. I also recognized the urgency expressed by some participants who pursued or received advocacy support services. I contemplated how some participants may have felt by not finding advocacy services when they desperately needed them. The procedure concluded with inductive thematic analysis (see Nowell et

al., 2017) by translating and using notating themes (defining and naming) to become familiar with the data (see Giavarina, 2015). The open coding of the data was accomplished iteratively by comparing existing codes to new ones to determine if new categories emerged (see Esterberg, 2002). To maximize objectivity in the study, I used Moustakas's (1994) epoché process. As a nonsex worker with no exposure to commercialized sex work, I identified any biases and discarded any personal opinions during the interviews and analysis process.

I compiled a list of categories that emerged from the responses to the interview questions. Similar codes were grouped together in themes that resulted in three categories/themes that are clear and descriptive of the phenomenon (see Moustakas, 1994). Codes and themes were highlighted allowing me to sort and group the data by taking into consideration the number of times a code or phrase appeared in each participant's responses. I used the themes to write both textural and structural descriptions. Finally, I combined the descriptions to provide the essence of the phenomenon. After systematically grouping similar codes, three themes emerged: (a) challenges in the journey of services, (b) perceptions of quality support services, and (c) self-preservation: physical and emotional health. However, I looked for discrepant cases from the themes that disclosed four participants whose pursuit of support services may have correlated with their experience in seeking treatment for substance abuse.

Evidence of Trustworthiness

In this study, the issues of trustworthiness were methodically addressed using ethical procedures that included credibility, transferability, dependability, and

confirmability as indicated by Lincoln and Guba (1985). These criteria symbolize parallels to the positivist's criteria of internal validity, reliability, objectivity, and external validity (see Polit & Beck, 2012). Further, Lincoln and Guba stated that the trustworthiness of a research study is critical to evaluating its worth.

Credibility

The trustworthiness of a research study involves establishing credibility (Lincoln & Guba, 1985). To establish credibility, I reviewed each participant's transcripts looking for similarities within and across all participants' responses. Kafle (2011) posited that it is crucial for qualitative researchers to demonstrate the truth in the results for the research participants and circumstances in the study. Within this context, I used member checking, prolonged engagement, triangulation, and data saturation.

I employed the use of conversational-style interviewing, or hermeneutic phenomenological interviewing (see Lauterbach, 2018), to methodically explore the lived experiences of former sex workers (see Kafle, 2011). This process allowed me to ask questions that were aimed at drawing out experiences and perceptions of the participants while asking clarifying questions and confirming responses as needed (see Oltmann, 2016). Thus, the member checking process was implemented during the interviews to alleviate any unnecessary intrusions on this vulnerable population. I interviewed the participants and received data saturation when it was determined that no new data emerged from the interviews. Research participants were informed to contact me after the interview if they had any additional input or clarifications they wanted to add to their responses.

Prolonged engagement was used to build a good rapport and level of comfortability with the participants by dedicating 60 to 90 minutes for interviews, including additional needed time for follow up (see Quinney et al., 2016). I also allowed the participants to expound on their responses as needed.

Korstjens and Moser (2018) stated that triangulation is reached when multiple data sources to help facilitate a deeper understanding of a phenomenon. Therefore, I used this technique to ensure rich, robust, and comprehensive data in the study. In ensuring triangulation was accomplished, I had my interview transcriptions (field notes), used member checking by verifying information at the time of interviews, and kept notes in my reflective journal that documented additional specifics about the data. I ensured that these necessary data elements of triangulation confirmed the themes that emerged from the data collection and analysis processes.

Transferability

Transferability presupposes that the study's findings could be applicable to other populations and contexts. My intent was not to prove that the research findings would be applicable but provide evidence that it could potentially be applicable (see Leung, 2015). Moreover, I established transferability by providing a dense description of my studied population by describing the demographics and geographic boundaries of the study (see Geertz, 1973). The unique voice of each participant was the focus of my research allowing future researchers to decide applicable transferability of the findings to other contexts and settings (see Creswell, 2007). Lincoln and Guba (1985, pg. 316) stated that it is not the naturalist's task to offer an index of transferability, but it is the researcher's

responsibility to reflect the data that makes transferability judgments possible. It was postulated that detailed descriptions will assist the researcher in transferring meanings and essences of the study to other locations as a method to determine the applicability of the results (see Patton, 2002) to other former sex workers who have pursued or received support services. Thus, I meticulously provided thick descriptions by providing a robust and detailed account of former sex workers' experiences.

Dependability

I utilized Husserl's (1970) epoche method to establish dependability to assist me in being consciously aware of my own biases related to sex work. My use of journaling (field notes) throughout the data collection and analysis processes was useful and assisted in any presuppositions or biases from clouding the results (see Golafshani, 2003).

Interviews were conducted until data saturation was reached yielding no new themes (see Lincoln & Guba, 1985). The member checking technique was conducted at the time of interviewing to demonstrate the study's reliability while reviewing the participant's responses and verifying accuracy in transcriptions (see Forero et al., 2018). I used methodological triangulation (see Sutton & Austin, 2015) by using various data collecting methods such as interviews, audio transcripts, and field notes (Fusch et al., 2018) for data saturation (P. Fusch & Ness, 2015). The data was systematically read and re-read, categorized, defined, and analyzed into codes and themes (see Sutton & Austin, 2015).

Confirmability

Confirmability is considered once credibility, transferability and dependability have been established (Amankwaa, 2016). Miles and Huberman (1994) stressed that reporting on researcher beliefs and assumptions is a major criterion of confirmability requiring transparency in reporting during qualitative research. Within this context, I established confirmability by ensuring that I conducted the study without bias and interpreted what the data showed in an unbiased way (see Hayashi et al., 2019). During the interviews, I allowed the participants to lead in their responses to the questions and asked clarifying or elaborative questions (immediate member checking) when needed. I also established a transparent audit trail of the research steps taken from the beginning of the research to the development and reporting of findings.

Using my reflexive journal, I made noted entries during the research process to record decisions and the reasons for employed methods, logistics of the study, and reflections on my values. Lauterbach (2018) stated how valuable and essential it is to report in journals and memos how one's notions, beliefs, and values could erupt during the research process. I also used the technique of memoing noting critical assessment information (see Groenewald, 2008).

Themes

There was a total of three themes that emerged from the data that aligned with the research question: (a) challenges in the journey for services, (b) perceptions of quality support services, and (c) self-preservation: physical and emotional health.

Theme 1: Challenges in the Journey for Services

All of the study participants shared their experiences concerning their journey in pursuing or receiving harm reduction services in the form of advocacy. Participant 2 stated,

There are so many barriers, so many hindrances. All these programs require weird qualifications. A lot of them are faith-based and that's also with color and with LGBTQ as well. Faith-based programs will/can turn away a trans person and that's not OK. Sometimes there's age requirements. You have to fit into their culture of going to the Bible classes or doing their biblical programming or their biblical whatever. There are so many sometimes things that makes it instead of actual helping, it's a bunch of hindrances. How can we change that so that no one leaves ever feeling devalued, or not important, or not respected, or not whatever the case was.

In expressing her experiences, Participant 1 stated,

My experience was so, so, you can say. I never seen a face that looked like mine. Every time I went to an organization or to a meeting, I never seen somebody that looked like me. They were very nice and genuinely willing to help, but I was so self-conscious and insecure because nobody looked like me. I would 'teeter-totter' back and forth if I wanted the help or not.

Participant 1 further expressed her experience with staff members of support services:

Many organizations are very patient, more understanding, besides this one, and I don't think I want to blame that on an organization. I just think I want to blame it

on the person that was running the organization. I only had a problem with one, and I don't know if I sounded white over the phone, but when I was on the phone with her, me and her got along. But when I started meeting her in person, you can see the shift in her attitude. She didn't go as hard as she did over the phone for me when I started meeting with her. I think it was just her. I just don't think that job was probably for her. For you to handle victims, you really have to have a lot of patience and compassion and that's what she was lacking. Only thing is I just don't see a lot that looked like me. And when I think I had one organization that was ran by black woman and was helping young black girls, she said she had to let it go because the funding one wasn't enough. I made enough money to leave Vegas because I couldn't get anything done in Las Vegas as they were not taking being a black woman seriously.

Participant 2 shared how advocacy support services can be largely driven by budget constraints and the harm reduction services appear to be aligned with programs that are not designed specifically for the population:

Human trafficking, a lot of times, you [support services] put those girls under that umbrella [domestic violence] because that's where the funding is at and even though technically, they're not in a quote-unquote relationship with that person and still been involved in some violence, it can qualify them for some services. So, funding always has been an issue. There's never enough money and then again there wasn't enough information and awareness about human trafficking (also labeled as *sex work*) for people to know what to do with you.

Participant 3 shared her search for support services:

Well, my experience was that as an advocate and a survivor myself, I was looking for a safe house for another survivor that actually had several disabilities, and I did try to connect with a couple of places out there. One of them called me back and the other place never did.

Participant 3 continued by describing how she witnessed her friend's (a disabled former sex worker) search and her personal pursuit of support services:

I will say that there was nothing in the state of Nevada as well as many other states - actually every state that did not have handicapped [services that accommodated the disabled]. They weren't set up to meet the needs of people with disabilities. And so, when I would try to get help [for myself], I didn't have Medicare [benefits]. I would go to the hospital and tell them that I was ready to kill myself, because I knew I would get in and get a break and that is when they would help me.

Theme 2: Perceptions of Quality Support Services

The way that each participant perceived quality support services that were necessary in meeting the needs of former sex workers was another emerging theme.

Participant 1 strongly defined quality services as segregating services for victim and survivor:

Once a person turns a survivor and [has] been helped for a year, they should come up with a program just for survivors. They say they have programs for survivors.

But no, I'm talking about just for survivors as far as treatment. They treat you as a victim and you should get treated as survivor.

Participant 2 articulated,

Well, I think there needs to be short and long-term resources. So, basically there needs to be emergency resources and long-term resources. But a lot of survivors have backgrounds, very bad background, so it needs to be a lot more education, too, on how to help them clean up their records so they can become more and more employable; how to access different grants and educational monies that are available to help further their education, or even get them into college.

Adding an ethnic and cultural perspective to ideal quality services, Participant 1 stated,

It [quality services] needs to be more inclusive and open and it needs to be a lot more access and comfortability, especially for girls of color who want to come out of the game [commercial sex work] because all these programs are white and they're not welcoming.

Participant 3 emphasized several factors she felt should be included in quality services:

Just really meeting survivors' needs where they're at. I think there needs to be flexibility. There needs to be a willingness to really find out what their [former sex workers] needs are. People say it all the time but to really see what their needs are and what their goals are and help them to achieve those. I do believe that it is important that there is always a survivor leader. In the program, whatever kind of program it is, I do believe that is essential. Right now, there's no accreditation for safe houses or residential programs for victims of human trafficking [also labeled

as *sex work*]. There's no accreditation. There is no road map. There is no guide that says this is how this has to be. There's no standard. But there are some people that are trying to create that [standards], but I think that's good and needs to be one of them [survivor-based services]. One other thing that I would add to that, too, is most cities' programs require that survivors need thirty days clean [of drug use], they need to have 60 to 90 days clean, and reality is you put them in and a lot of times, they end up in situations like emergency shelters where there's men or there's just a woman that's been abused by a man - to put her in that situation when what she really needs is that safe house. She really needs that residential program. Just somewhere that they can go to do their 30 days clean or even a detox [program]. They need to go to a safe house and then they go here [other support services]. Because reality is, most safe houses will not accept them unless they have so many days clean.

Participant 3 reflectively concluded, “So, just being survivor-informed using a survivor-informed approach and just always having a survivor leader on staff would be my biggest thing to add.” Participant 4 described an event when she was desperate for services:

You [support services] need to get pamphlets out. You [support services] need to start putting things in bathrooms and in bus stations, in the casinos, and in the bathrooms. Put them in the hotels. Have it for people [sex workers] available 24/7 hotline but have something in place to where if someone just wants to get away even without pressing charges, going to a safe house, or a shelter - just putting it [information] out there that somebody cares and believes and that wants to help.

Participant 4 further voiced,

First of all, they would need to address their [commercialized sex workers'] mental health. They would need to address their substance abuse, because there are a lot of ladies, and most girls I know, end up turning to drugs and become addicted. Once they are able to offer them a program where they can do something with their lives like to make money in a training program and get them a GED, help them with things to help them live on their own. Most of all, they need to get the therapy. They need that therapy. Those services should also include a legal person that would accompany them to court that will help them get money, shelter, support. They also need a mentor or just someone in their corner. They need to have someone who is able to work with these girls individually. And just help them with their needs. Get them to talk, get them the services they need without making it painful. Without judging. There's a lot of judgement around this [commercial sex work]. A lot of people, a lot of judgement around this that look at girls as a piece of garbage. They don't look, they don't see what's happening. Just think they're a hooker on the streets, or they wanted to do this, or they're a pig. Just they [former sex workers] need people to believe in them and to help them through the process [getting support] step-by-step. I wish that there was a hotline. Empathy goes a long way, but I think the most powerful thing is getting those pamphlets or printing out just a paper and put them in every bathroom in hotel bathrooms. A lot of places, they won't [advertise help].

Participant 5 stated,

I think that, first, the people attending to you [support staff] must be very friendly and very accommodating that starts with the personnel who are there. Then, they should have crisis support or a telephone hotline so people can call even when at home. So, those type of services to do with drug substance [abuse], counseling, or when you go into depression and other services that has to do with HIV and other STIs. So, I'll say that is key for them to achieve the objective of assisting people in the commercial sex industry.

Participant 5 also stressed the need for a hotline similar to what Participant 4 emphasized: “Mainly, a number that you can call when you need their services, for instance, when you are in crisis. I think it’s no need to just go there [service facilities] by yourself.”

Participant 2 offered a concluding thought concerning the support she received: “You know, there was not a lot of real-life programming.” Emphasizing the need for consistency in services, Participant 1 further stated,

Every organization I ran into, as soon as they make sure me and my son has somewhere to live or everything's working out and I haven't been on the streets, they dropped the ball. The phone calls stopped coming. Now I find myself reaching back out to them. Hey, just checking in. Hey, what about me? I don't feel like I should be doing that. I understand that it's more people out there that are victims that need help, and I'm not trying to be selfish, but don't forget the ones [victims] that’s still vulnerable. And every organization that I've run across did that.

When asked about quality services rendered, Participant 1 stated,

Yes, quality service was you [the support service] got me away from my pimp at the time for me and my son so nice, our rent was paid, you made sure we ate and things, got finances, but when it came to my mental support and emotional support, I don't know if they failed me or I failed myself . As far as a year ago passed, and I understand that everybody [support services] has rules and regulations, so you probably only can be in a program for a year or you should have your stuff together every year, and I understand that. For a person to be stable mentally, emotionally, physically, it's going to take more than year.

The peer/survivor-oriented was found to be critical to the participants when they pursued or received harm reduction services. The implications noted were the participants' desire to have others with whom they empathized and understood what they experienced as former sex workers. Participant 1 indicated, "It's about who you can connect to, so I ended up getting connected with this person who just started as a survivor with an organization." Participant 2 expressed, "There needs to be someone in all those different types of organizations that have worked with survivors or is a former survivor."

Participant 3 shared her reflective thoughts stating,

I just think the whole survivor leadership and being survivor-informed is just really important with all of the people that I worked with that are involved in the anti-trafficking movement. I would say that is probably the biggest thing that we talk about. So just being survivor-informed using a survivor-informed approach and just always having a survivor leader on staff would be my biggest thing to add.

Participant 6 emphasized,

We [peers] shared experiences and you felt like you were not alone. We supported each other together sharing what habit you are enclosed in. I think it should be motivational counseling whereby you have motivational speakers come talk to peer groups.

Adding to this notion of the need for peer counseling, Participant 7 added,

Peer counseling just among them [peers] can help boost their [former sex workers] positivity in life. Coming out of from where I come from [sex work], I can guide others, because you remember you got help from other people in the same situation.

Participant 10 commented, “For example, if one needs some treatment, or if one needs some counseling or just some peer group discussion or something like that.” Participant 2 stated her concern about the need for survivor-oriented services:

A lot of nonprofits are opening their doors that serve women in other areas and adding human trafficking [also known as *sex work*] to their table of contents because it opens the door for more funding yet, they're not knowledgeable [about the sex work profession] nor are they survivor led, nor are they really equipped to handle or deal with survivors, because we are a different breed of people, and so there needs to be someone in all those different types of organizations that have worked with survivors or is a former survivor. They know how to deal with girls, guys, or whatever coming out of the life [commercial sex work] and knowing how to deal with them.

Participant 2 emphasized,

I have seen girls [former sex workers] just break down in tears, that was just so hard, and unwilling to speak. But, as soon as you bring a survivor into the room, they just they opened up. I've seen them break down crying. There's just something about knowing that somebody's been through the same types of experiences that that you have.

Participant 8 shared her satisfaction with peer-oriented services:

It [peer services] was good because for me. I felt that at least there are people who know and understand the situation I went through, so I felt great coming across people [former sex workers] openly sharing issues and ideas with you.

Participant 2 described some dynamics involved in the labeling of the profession as it aligns with receiving services or being turned away:

Obviously, everyone has their personal opinion on what human trafficking is or sex trafficking. We know what the definition of it is. It's any type of forced, fraud, and coercion is trafficking. I do not separate prostitution from human trafficking. I think it's all encompassed under one. You have a pimp or you have someone who is trafficking. They both are the same thing. It's just the dynamics and the relationships might be a little bit different. And then you go looking for help [as a sex worker] and you're told, well, we don't really know, it was again human trafficking. Sex trafficking was really not looked at. It was just pretty much, oh, these are all prostitutes. If you look up human trafficking versus prostitution, you're going to see that there are so many conversations around

definitions and laws that decide what human trafficking is, but there's also then digging deeper. You have organizational pyramids of what they believed to be XYZ, and a lot of organizations have believed this to be true and other organizations say, well, we believe this to be true. So, it really is a very complex issue because people say, *well, that doesn't fit in our definition of a trafficking victim, because she could just leave at any time*. Well, a lot of us could have left at any time. But unfortunately, there's a thing called trauma bonding and there's a lot of things like fear and intimidation and just a sense of *I can't go*.

Participant 2 also added her experience when she pursued services:

I was going to a church, and then just going to the shelters, and you just don't want to keep telling your story all over again, and it comes to a point where you're like, they look at you again like, oh, this is just a prostitute looking for somewhere to stay because she is not with her pimp anymore and, it's like, you have no idea what I have been through. I was 14 when I left home and then I met this guy who was 15. I don't think there should be a requirement or need to just tell your entire history to someone in order to get or begin services. That's up to you and your therapist or a licensed mental health professional to help walk you through that, not an intake worker who may or may not even have a degree in social work. And that's the hard part. You might be dealing with just a receptionist. And that's the 'sucky' part, because they are not trauma informed. That was the main experience for the most part that I dealt with a lot of uneducated and under qualified people in my time trying to get services

[advocacy]. A lot of people who didn't even know half the time and just be like, *I'm not sure what we're going to do with you, because we don't know*. It would feel like you were an anomaly. But a lot of my experience, it was always for the most part someone who didn't understand human trafficking [also labeled as *sex work*]. It's such a new concept or a new phenomenon. They [support services] didn't really have a lot of information [about the profession of sex work]. There wasn't a lot of training [available]. It wasn't a lot of anything on it. So, people would say, *this is a new territory for us* [service providers]. So, basically there needs to be emergency resources and long-term resources. So, for instance, if a survivor comes and says she's out of the game [commercial sex work] and needs some resources. That's a huge gap because there's usually not any, so what happens is that makes that survivor even more vulnerable to going back into the game. Organizations were just basically like *well, if you're not being trafficked right now, we can't help you*. These are for emergency funds only for trafficking survivors. If you don't have anything, you don't have any other access to any other funding or programs that are available to help with whatever you're trying to get paid. It's more likely that a girl will end up just possibly doing a quick weekend, or some girls have just re-entered the life [commercial sex work].

Theme 3: Self-Preservation: Physical and Emotional Health

The final recurring theme that emerged during the data collection process was the physical and emotional health issues or concerns experienced by the participants:

Participant 3 stated, "I was a heroin addict, and I ultimately kicked [the habit] at home,

and I didn't get sick at all. I was doing like three or four hundred dollars' worth of dope a day." Participant 4 stated,

I started using drugs. That's what I did. Guys would start coming in with cocaine and pills, and I started using drugs. I never used drugs before. I might have smoked a joint and a little bit of marijuana here and there. That was it, and I remember that's when I started using drugs. Anything to self-medicate. There are a lot of ladies and most girls I know end up turning to drugs and become addicted.

Participant 5 indicated,

So, I trained myself into taking drugs even before because it [sex work] required you to have a lot of courage. I would go to clubs and would just take alcohol and then later would go with [exchange sex with] different people. It was just a messed-up affair. So, I realized that my health was deteriorating because of the drugs. Before I go to harm support services, I had these results and at one time, I remember I had an overdose of the opioid.

Participant 6 solemnly expressed her issue with depression: "So, the need to enter the lifestyle [commercial sex work] is what really attracted me to that industry and now, after some years, it was holding me to some sort of depression." Participant 7 stated how he dealt with depression and had health issues or concerns:

They [support services] are needed because sex workers all have gone through some activities that maybe to them can be depressing about their past. So just giving them encouragement maybe through seminars and others [services], provide some medical kits for them so that they can test what diseases [sexual]

they may have contracted, or just counseling on drug abuses because maybe some of them may have encountered some drug abuse. Going [I] to counseling on drugs, counseling on diseases, deadly ones like HIV. I used to go for the counseling.

Participant 8 also added,

Sharing peer counseling with one another, people of the same age group together about drugs and getting advice, because many people are ending up as drug abusers and getting more advice on their situation on some deadly diseases [HIV] that could arise.

Participant 10 elaborated on the health impacts she experienced:

So, after some time, I realized, like, now my health was deteriorating over time. So, I also sank into alcohol [abuse]. I used drugs like cocaine and was having just a problem. I was experiencing a lot of stress and depression. Now, it became my own problem, and I had to help myself from drowning in depression and possibly commit suicide. I wanted some support system that could assist me in curbing my alcohol drinking. And now the drugs were really getting into my head, so then I was having mild and severe headaches from time to time. Something [support services] that would teach me that I would not have suicidal thoughts that were coming into my mind from time to time.

Participant 10 added, "I had been coming down from deep sadness."

Discrepant Cases

The discrepant cases included four participants who reported that they experienced favorable support services as former sex workers in Nevada. However, the services they sought appeared to have been associated with their substance abuse rather than causally linked to harm reduction services as former sex workers. It is unclear if the participants sought support services as substance abuse users because it was readily accessible (easy to locate) compared to services that may not have been accessible for former sex workers: Participant 5 stated,

Before I go to harm support services, I had these results and at one time, I remember I had an overdose of the opioid. So, what happened is that now I had to go to get assistance from a medical center and later now my uncle stated that we should now be there in that facility and receive harm reduction at the same time. So that is why I get some cooperation [mental health assistance].

Participant 7 shared the services he received for substance abuse that included education on health issues:

We moved out to my uncle's [location] to get some support services at a nursing home that helped me and taught me how to protect myself from deadly diseases, like HIV and viruses that can affect me. So, it was good counseling from them. With drugs [education], motivation, counseling, and I had some drug abuse counseling because at the time that, it [drug addiction] was happening to me.

Participant 8 also shared her experience when she received services for drug addiction including health education:

Going to counseling on drugs, counseling on diseases, deadly ones like HIV, sharing peer counseling with one another, people of the same age group together about drugs and getting advice because many people are ending up as drug abusers.

Participant 10 also admitted seeking help for drug addiction:

I used drugs like cocaine and was having just a problem. So, I decided to seek help. So, I would seek help from friends that would turn me down because now it's [drug habit] becoming a liability, so I decided to look for a facility that I could go to.

Summary

In this study, I explored specifically, the lived experiences of former sex workers who pursued or received harm reduction services in the form of advocacy in Nevada. The goal of this research was to understand through phenomenological interviews how former sex workers perceived support services and how it may have impacted their wellbeing. In Chapter 4, I provided the results of the research, the setting, and demographics, data collection, data analysis, evidence of trustworthiness, credibility, transferability, dependability, confirmability, and relevant themes that emerged from the research. In Chapter 5, I conclude this study with interpretations of the findings, limitations to the study, recommendations for future research, researcher's reflections, and implications for social change.

Chapter 5: Discussion, Conclusion, and Recommendations

The purpose of this qualitative phenomenological study was to explore the lived experiences of commercialized sex workers who live or have lived in Nevada and who pursued or received harm reduction services. While I discovered significant literature through my research related to the need for harm reduction services for commercialized sex workers who seek it, there was a gap in understanding the population's lived experiences. Therefore, this deficit made the case for understanding the viewpoints of former commercialized sex workers who provided insights on their pursuit or receipt of support services in the form of advocacy in Nevada. A phenomenological approach was used to explore the lived experiences of former sex workers, while the empowerment theory provided an understanding of their lived experiences. In synthesizing the themes derived from the findings of this study, commercialized sex workers perceived that harm reduction services were uneasy to locate and inadequately designed for the population, and the act of self-preservation could result in the workers using unhealthy coping strategies. The results of this study may help provide an understanding of the behaviors, related experiences, and the perceptions of former commercialized sex workers who pursued or received harm reduction services designed to improve client health and wellbeing. The empowerment theory, for the purposes of this study, was used to focus the study on self-advocacy and to learn how former commercialized sex workers who pursued or received harm reduction services viewed its availability and requisiteness that ultimately impacted their wellbeing.

The following research question helped guide the study and accomplish its purpose: What are the lived experiences of former commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services designed to improve client health and wellbeing?

The findings of this study were based on three themes that emerged from the study: (a) challenges in the journey for services, (b) perceptions of quality support services, and (c) self-preservation: physical and emotional health. These themes emerged repeatedly from the study participants' responses to the interview questions conveying descriptive experiences when they pursued or received support services in Nevada. In summarizing the key findings that emerged from interviewing the 10 participants, I concluded that support services were uneasy to locate and inadequate or nonexistent.

The aforementioned findings of this study were based on the responses to the interview questions (aligned with the research question) from the sample of individuals who were former sex workers who lived in Nevada, English speaking, 18 years or older, and out of the profession for at least 6 months. It was obvious that the pursuit or receipt of harm reduction services in Nevada had a direct impact on their wellbeing. In Chapter 5, I discuss and clarify the findings. I also discuss the limitations of this study, provide recommendations for further research, explain the implications for social change, and close with a summary.

Interpretation of the Findings

The findings from this study afforded me a deeper understanding of how former Nevada sex workers perceived harm reduction services and the impact to their wellbeing.

The interpretation of findings related to literature and empowerment were reviewed in context with my study.

Findings Related to the Literature

In my study, I discovered similarities with researchers who reported that the way in which the sex profession is labeled and the way that services are structured may govern the acclimation of services (see Argento et al., 2020; Des Jarlais, 2017; Lerum & Brents, 2016). My study, and those of the aforementioned researchers, revealed how available services appear to be insensitive to the nuanced needs of sex workers. In this regard, harm reduction approaches with drug users have been used for sex workers (see Hawk et al., 2017) but with minimal considerations to the accessibility of services (see Bekker et al., 2015). Stender and Christensen (2013) recognized this constraint and stated that there is a need for accessible harm reduction services in the sex work community to be devoid of confounding practices. My findings are in line with Stender and Christensen's study, as well as the peer-reviewed literature by Lafort et al. (2018), who showed how the accessibility of quality support services for sex workers can be challenging due to perceptions of vulnerability, discrimination, and unfamiliarity with the culture of sex work. Other researchers have conducted similar studies (Farley, 2017; Mathieson et al., 2016; Raphael, 2018). Specifically, one of my study participants described how she felt like an anomaly when some service providers admitted not knowing how to provide her support. This confessed lack of knowledge may have been perceived as maltreatment by my participant and potentially others who may have solicited support. This finding is characterized by researchers who expressed sex

workers' feelings of disrespect and maltreatment when they sought support services (Hickle & Hallett, 2016; Sakha et al., 2015). Moreover, Zehnder et al. (2019) emphasized how stigma-related variables (fear of being labeled or shame) are identifiable barriers to acquiring and retaining advocacy support. As a cautionary measure, Duff et al. (2015) warned that although intended to reduce risk, some support strategies could potentially worsen the client's situation or be ineffective. My study is consistent with Duff et al.'s findings as some of my study participants described diminutive and officious approaches to their needs.

As I scrutinized the data regarding my participants' lived experiences, I noted patterns or trends that emerged from their encounters such as the challenges in the journey for services, perceptions of quality support services, and acts of self-preservation: physical and emotional health. In this chapter, I review and describe the findings of the study and how they align with the literature review in Chapter 2.

Findings Related to the Theory of Empowerment

Zimmerman (2000) explained the empowerment theory as perceived autonomy, self-advocacy, and self-determination over social aspects of one's life. Specifically, the empowerment theory for the purposes of this study was used to focus on how former commercialized sex workers advocated for themselves when they pursued or received harm reduction services aligning with the theme, challenges in the journey for services. The empowered choice of my study participants to seek support services was a calculated leap towards taking control of their lives and circumstances. In context, Garcimartin et al. (2017) found that clients who engaged in advocacy obtain validation and empowerment

in dealing with their oppressive situations promoting wellbeing. During this journey for services, my study participants expressed an insatiable need for peer oriented and/or peer led services aligning with MacLellan et al. (2017) who stated that a peer advocate environment empowers and builds rapport. Similarly, Puschner et al. (2019) stated that peer support is a scope of a larger recovery agenda that emphasizes person-centered outcomes such as social inclusion and empowerment. Participants of my study expressed an innate desire to connect with those who had shared experiences. This finding connects with views of Brown et al. (2019) who showed how an understanding of the client (the need for peer-based programs) acts as a framework of empathic regard.

The construct of empowerment choices aligns with the theme, Perceptions of Quality Support Services, that conveys how my participants self-advocated by searching for services they deemed as quality. Having multiple unaddressed needs, the participants of my study vocalized what they defined as quality services and how important those services were in promoting their wellbeing. This admission integrates the views of research scholars who reported that clients' initiatives to self-advocate for obtaining good health care contributes to satisfaction and wellbeing (see Dadzie et al., 2017; Kahana et al., 2018; Ryan & Griffiths, 2015). As a component of the empowerment theory, the self-assertion of my study participants to seek quality services demonstrated a sense of power over their circumstances. Similarly, scholarly insights have revealed how the pursuit of support services helps in decreasing disparities between clients and service providers, creating an empowering environment prompting the client to take ownership of their health and well-being (Bailo et al., 2019; Jena et al., 2019; Kruk et al., 2018).

Moreover, empowerment was demonstrated through the theme, Self-preservation: Physical and Emotional Health, when my participants sought services for substance abuse and emotional trauma. Chen & Butte (2016) underscored the need for service providers to mitigate vulnerabilities of marginalized groups and invoke an empowered approach to their health. My participants' decision to seek support services to manage their wellbeing is similar to Haldane et al. (2019) and Mabekoje et al. (2017) who stated that health interventions aimed to improve self-management can empower clients to proactively take ownership for their health outcomes improving their wellbeing.

I noted the importance of self-determination as an intricate aspect of empowerment for these former sex workers because it allowed them to employ audacious approaches to initiating actions towards meeting personal goals. The study conducted by Ryan and Griffiths (2015) underpinned my findings when they reported how the ability to make informed decisions signifies the importance of self-determination to self-advocacy. Specifically, three of my study participants reported that their pursuit of advocacy resulted in their decision to own nonprofit organizations with a sole mission of advocating for former sex workers. Similarly, Huang (2018) posited that positive coping strategies result when victims have a victim support service advocating for them.

Principle Themes

The discussion that follows provide insights into the research question designed to understand the lived experiences of former commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services designed to improve client health and wellbeing. A summary and interpretation of the findings is provided as

aligned to the research cited in Chapter 2. There were four open-ended questions used in the semistructured interview process with the goal of answering the research question. Using a thematic analysis, three principle themes emerged from the study (each having two or more subthemes):

- Theme 1: Challenges in the journey for services
- Theme 2: Perceptions of quality support services
- Theme 3: Self-preservation: physical and emotional health

Theme 1: Challenges in the Journey for Services

This theme was designed to express my interpretation of the challenges encountered by my study participants during their journey of seeking support services as former sex workers in Nevada. The theme was categorized in five subthemes/subareas: (a) ethnically/culturally diverse, (b) restrictive requirements, (c) faith-based organizations (FBOs), (d) secondary services, and (e) nonexistent services.

Ethnically/Culturally Diverse

The sex work population in Nevada consists mostly of racial/ethnic minorities (MacFarlane et al., 2017). According to the shared insights of my study participants when they sought services, staff members lacked cross-cultural skills and services lacked ethnic/cultural diversity. My participants expressed feelings of disappointment and uneasiness with how well the staff and program would address the unique needs of former sex workers. Their perceptions were picturesque of organizations that lacked cultural competency. Specific services that assimilate cultural knowledge and practice (policies, standards, and attitudes) of individuals and groups is a culturally competent

organization (Centers for Disease Control, n.d.). Similarly, Dune et al. (2018) emphasized how mental health systems and staff need to be adequately prepared for culturally diverse clients in need of support. Furthermore, Swihart et al. (2020) revealed how culturally competent care can improve the quality care outcomes of patients. My study aligns with the views of Dune's study. Specifically, one of my study participants who identified as black stated that she felt self-conscious and was unable to commit herself to the services, because the staff did not represent women of color. Analogous with my findings, Castaneda-Guarderas et al.'s (2016) study showed that people of color (such as blacks, Latinos, and Asian Americans) experienced diminished quality care due to their ethnic group or race. There are obvious subgroups within the sex work population that exist and have their differences (see Francis, 2015). This was expressed by one of my study participants (who identified as non-ethnic) when she noticed that services and staff providers did not reflect the ethnic backgrounds of the sex work population that she was acquainted. My study coincides with scholars (Abdel-Razig et al., 2016; Eyongherok, 2019; Karatay et al., 2016) who emphasized the criticality of understanding mental health attributions of racial/ethnic minorities to encourage treatment-seeking behaviors.

Restrictive Requirements

At least four of my study participants indicated that during their journey of seeking support services, they encountered inflexible and restrictive requirements. These perceptions align with the findings of Muir-Cochrane et al. (2018) that suggested that the use of restrictive measures can potentially impact the individual's willingness to engage in services. Essentially, when sex workers have difficulty in locating services, it can

delay access to acute care and treatment. This became an issue with one of my study participants who expressed difficulty in locating, and limited access to, short-term resources with the specific program admission criteria (for those with drug/alcohol addictions). Specifically, to participate, one must be clean for at least three months. In agreement with this principle, research scholars (Cusack et al., 2018; Muir-Cochrane et al., 2018) indicated that restrictive requirements of service providers can impede an individual's recovery through re-traumatization. As these barriers become salient factors for former sex workers when seeking services, Varga and Kalash (2018) stressed that service providers should use harm reduction approaches by removing unnecessary barriers. Further, one of my participants reported that she was denied services because she did not have insurance benefits coinciding with the Legislative Counsel Bureau's (2017) report concerning the lack of insurance as a barrier to accessing appropriate care in Nevada. Moreover, another study participant indicated that since she was unable to obtain services due to restrictions, on an occasion of desperation, she threatened suicide to override the services' exorbitant restrictions to obtain needed assistance. This is an example of what Stender and Christensen (2013) emphasized in their study when describing how services (mental health) should be devoid of strict eligibility criteria. The nature of restrictive requirements could be perceived as forceful or coercive by former sex workers who sought support services linking my study with other researchers (Ling et al., 2015; Stender & Christensen, 2013) who viewed coercive practices (of service providers) as impacting the self-confidence of individuals. Further, these culminating barriers to explicit support services may be ominously perceived as a

loss of individual autonomy (see Spinzy et al., 2018) significantly impacting levels of satisfaction with care (Woodward et al., 2017).

Faith-Based Organizations (FBOs)

Participants of my study commented that the ubiquitous status of faith-based organizations has become widely known for its advocacy to marginalized populations. Frequently, FBOs play a significant role in community engagement efforts and have generally been viewed as a trusted agent in addressing disparities (Dalencour et al., 2017) as well as offer opportunities for promoting health (Levin, 2016). Faith-based organizations tend to be more holistic in their approach and receive more funding to provide holistic services to the disadvantaged (Heist & Cnaan, 2016; Schoenberg, 2017). While these scholars (Heist & Cnaan, 2016; Schoenberg, 2017) discussed a holistic approach to services, the findings from my study suggests that not all faith-based organizations provide ample services. As one participant noted, these organizations can provide some but not all services that are needed. Similarly, Heist and Cnaan (2016) contended that faith-based organizations can be very dynamic, and programming is vaguely understudied as some add a faith element while others do not. Further, my participants stated that some FBOs reportedly required having certain religious beliefs before or after entrance into the program that mirrors the study of O'Brien (2017) who reported that some conservative religious restrictions of faith-based organizations limit client's access to complete services. As some former sex workers have different cultural beliefs and backgrounds, they may not find FBOs amenable to their needs underscoring aspects of Kpobi and Swartz's (2018) study that showed how faith-based services can

potentially overlook the sensitive needs of cultural clients. Further similarities with my study, research sources (Nevada Division of Public and Behavioral Health, 2017; Watson & Marschall, 2013) reported Nevada's need for all service providers to have a culturally competent framework for a growing minority population. One of my study participants remarked that although FBOs receive more funding, FBOs are not readily sought by some (former sex workers) as it is perceived that funding influences religious proselytizing in the delivery of services (see Swihart et al., 2020). Thus, my study aligns with Swihart et al.'s study.

Secondary Support Services

Participants of my study reported that in the absence of advocacy services for former sex workers, some colleagues sought services from secondary support services. This aligns with the study of Watson and Marschall (2013) who reported that secondary support systems in Nevada, while not intentionally designed to deal with the complexities of vulnerable groups, are increasingly being tasked with serving vulnerable populations. My participants expressed how secondary support services had a myopic view of advocating for former sex workers in general. In an example, a nursing home facility offered general mental health support for one of my study participants. Although noted as helpful, my study participant stated that the services were inadequate in addressing the nuanced needs of former sex workers. My study mirrors that of Kaldy (2018) who posited that although nursing homes have experience managing patients with mental health issues, they are not equipped to address specific needs of all clients. Another study participant stated that when she sought advocacy as a former sex worker, support was

offered under the domain of domestic violence. Although some aspects of domestic violence services may prove beneficial, this can be an inefficacious effort if former sex workers have not experienced perpetrated abuse or violence. However, absent specific support services designed to address the unique needs of former sex workers in Nevada, scholars (Alejo, 2014; Heywood et al., 2019; Javalkar et al., 2019) reported that some clients may seek resources associated with inherent risks to sex work. Similar to Javalkar's view, Putnis and Burr (2019) postulated that sex workers may experience different risks in the profession of sex work presenting a segue to Mastrocola et al.'s (2015) study that showed how access to secondary services may be opportunistic or haphazard leaving a void in needed services. While these secondary services help victims of violence and those with general physical and emotional health, Hickle (2014) emphasized the need for treatment aimed at addressing the dynamic needs of sex workers.

Nonexistent Services

Harm reduction services may, in some cases, save lives. Participants in my study indicated that harm reduction services appeared to be difficult to find and at times appeared to be non-existent. Thus, within the context of my study, three of my participants reported that after conducting a diligent search for services, they decided to leave the state of Nevada and ultimately located the desired services they sought in another state. Within the state of Nevada, it was noted by my participants that former sex workers had unmet advocacy needs aligning with the studies of Caloiaro and Ritch (2014) and Moore et al. (2019). These studies also align with Watson and Marschall

(2013) who reported the existence of diverse challenges for those seeking behavioral health assistance in Nevada. Three of my study participants described their journey in seeking immediate support when attempting to exit the sex industry. This coincides with the findings of research scholars (Lazarus et al., 2020; Hickle, 2014) who emphasized that support services must be available for sex workers who face prolific barriers to exiting the profession.

In search for advertised resources or public assistance, two of my study participants stated that they found little or no information on the internet, no hotlines or phone numbers, or unpublicized services. This emphasizes key aspects of Bhatt and Bathija's (2018) who revealed that there is a need (for vulnerable populations) for virtual (internet-based and mobile services) care strategies as well as a multilingual hotline that can be reached by telephone or text for immediate access to support services. Other scholars (Egede et al., 2020) also echoed the need for immediate and innovative care strategies for vulnerable populations. My study further aligns with Watson and Marschall's (2013) findings that showed there are insufficient service options in Nevada identified to address inpatient and outpatient treatment of vulnerable populations.

Theme 2: Perceptions of Quality Support Services

The perceptions of quality support services were categorized in three sub-themes/sub-areas: a) peer oriented/peer led advocacy, b) victim versus survivor programs, and c) biased or unqualified staff providers. Each of these subthemes are clarified below and aligns with Bekker et al. (2015) who posited that there is a need for accessible harm reduction services in the sex work community that is quality-and client-oriented.

Peer Oriented/Peer-Led Advocacy Needed

Many participants of my research study indicated a need for peer-oriented harm reduction services. Most participants stated that quality services would either need to be peer oriented (group discussions) or peer led support (a facilitator or leader who experienced marginalization or stigmatization) to be encouraging and motivating. Within this context, a critical component expressed by Hickie and Hallett (2016) indicated that individuals who sought services (mental health) preferred staff providers with lived experiences of marginalization or stigmatization. My study participants stated that they wanted a peer leader or facilitator who had previously worked in commercialized sex and understood their experiences. Similarly, scholars (Bekker et al., 2015; Daniels et al., 2015; O'Connell et al., 2018) contended that peer education has been proven more effective than traditional health promotion approaches, because it effectively reaches stigmatized populations that may not engage service providers. A participant from my study shared her experience when peer-oriented services were received and the satisfaction to her wellbeing. Walker and Bryant's (2013) meta-synthesis of findings from 27 qualitative studies demonstrated how individuals can experience better rapport with peer staff and abysmal levels of motivation when provided with peer support services. My study findings align and is consistent with Walker and Bryant's findings. Symmetrically, Shalaby and Agyapong (2020) concluded that necessary benefits arise when self-disclosure between peer advocates occur as a means of building relationships with vulnerable populations. Another participant from my study disclosed how she witnessed former sex workers' emotional breakdowns when services received were not

peer-led. This, perhaps, is attributed to providers who do not have lived experiences making it difficult to fully understand the needs of the population. This same study participant further added how she felt receptiveness and empathy when a peer leader later facilitated the service. This strategically aligns the findings of Benoit et al. (2017) who insisted that peer-to-peer interventions are integral for this population. Former sex workers (as expressed by my participants) have the experiential capacity to act as educators of peers equipping others to exercise control of their personal lives. Parallel with my findings and the views of Benoit et al. (2017), MacLellan et al. (2015) stated how peer-oriented relationships can promote a shared understanding of clients' challenges and fosters trust, understanding, and empathy. Moreover, my study findings aligned with Greer et al. (2016) who concluded that peer engagement can augment the equity of harm reduction services by increasing knowledge, building trust and resiliency, and reducing stigma.

A Need for Victim Versus Survivor Programs

In my research study, I noted that some participants expressed a disparity in short and long-term intervention services. The acute service needs of former sex workers were described to be shelter, transportation, finances, food, crisis intervention, and drug detoxification. Long-term services were described as mental health care, preventive care, legal, stable housing, and employment services. Thus, my study participants classified their need for advocacy in two stages: *victim* and *survivor*. The immediate needs for victims aligned with the findings of research scholars (Clough et al., 2014; Vasquez & Houston-Kolnik, 2017) who discovered that immediate needs for victims are basic needs

and safe housing to provide shelter from abusive or harmful environments. Three of my study participants who received support services indicated that they were provided short-term resources (generally designed for victims of abuse). Afterwards, they expressed needing long-term resources (in a survivor program for long term programming to maintain emotional wellbeing) but found it unavailable. Thus, the concern expressed by my participants was the need for separate and distinct interventions for victims and survivors. However, my study deviates from Hemmings et al. (2016) who suggested that a central point of service delivery or a hub could assist all clients with their comprehensive needs.

Survivors, on the other hand, were termed by my study participants as former sex workers who were no longer in the victim stage but had advanced in the stabilization and self-advocacy of their needs. Hagan et al. (2017) demonstrated how survivors were viewed with a sense of self-advocacy possessing skills in making better decisions and finding strength in continuous peer connections. Of my three study participants who classified themselves as survivors, they reported that after they sought support as a victim, they needed long-term resources and noted that collaborative services were lacking. The perceptions of survivors (versus victims) appear to symbolize aspects of maturity (minimal vulnerabilities) and heightened self-advocacy incorporating preventive and collaborative measures. Such services would be beneficial to survivors aligning views with Lake and Turner (2017) who emphasized the benefits of collaborative services that are focused on prevention and wellness. However, opposing the views of my findings, Stewart (2016) stated that victims are immediately “survivors” when pursuing

assistance at any stage of need. Irrevocably, the perceptions of my study participants emphasized a salient need to differentiate programs/interventions based on levels of vulnerability and dependency. Moreover, Sullivan and Goodman (2019) revealed that although services focus on the acute needs of victims, they cannot independently impact the life changes that survivors seek. In line with Sullivan and Goodman's (2019) study, the dichotomy between victim and survivor was so notable to one of my study participants that she opted to either diligently search for additional resources (survivor-based) or inevitably return to the profession of sex work.

Biased or Unqualified Staff Providers

Expressions of concern were made by some of my study participants when they received services from *unqualified* staff members or facilities that did not know how to provide support to the former sex work population. Consistent with findings of Sakha et al. (2015), my findings revealed that the participants were ambivalent towards seeking services from providers who were unfamiliar with the sex work profession. According to my research, some of the participants felt inadequately served because of the lack of competence by staff. For example, one of my study participants discussed how services were rendered by a staff provider that had no idea what to do with her (as a former sex worker) or how to provide needed support. Thus, this same person expressed feeling like she was an anomaly. Such inattentiveness can further alienate former sex workers from seeking advocacy. This is consistent with Mtetwa et al. (2015) who opined that former sex workers may distance themselves from advocacy based on the belief that they are not well understood. Ambikile and Iseselo (2017) reported that few staff workers exist in

mental health services and of those, training, or the motivation to provide adequate care, is lacking in the sex worker harm reduction services domain.

A participant of my study shared her experience of encountering staff providers who were not trauma informed and how it was required that she repeat her story revealing sensitive aspects of her background. This may have caused this participant to disclose clandestine events that are potentially injurious to their emotional being. In alignment with Substance Abuse and Mental Health Services Administration, National Center for Trauma-Informed Care (2015), trauma-informed approaches are defined as acknowledging the prevalence of trauma, an awareness of the impact of trauma experiences, and application of trauma-sensitive practices devoid of retraumatizing individuals. Additionally, Puri et al. (2017) stated that trauma-informed practices can be further tailored to the unique needs of sex workers. Thus, in alignment with these views of literature, research scholars (Puri et al., 2017; Levenson, 2017) contended that evidence-informed interventions specific to sex workers that intersects trauma and mental health should be explored. My study aligns with Puri et al.'s view. Moreover, the American Psychological Association (2015) reported that staff providers may not have had intensive trauma training or treatment of trauma survivors rendering them inadequately prepared to deal with the crisis of clients.

The biased treatment perceived by my study participants appeared to have impacted their outlook on advocacy in general. Most participants expressed the need for empathy and motivation from staff who had experienced marginalization or stigmatization aligning with scholars' (Haskins & Appling, 2017; Hook et al., 2016)

findings emphasizing the need for empathetic counselors. Similarly, Makhakhe et al. (2019) reported that marginalized groups typically express feelings of discomfort when engaging with health providers. For example, my study participants who pursued services reported disdainful and judgmental treatment creating a sense of discomfort when engaging with service providers. The reproachful acts of rendered services merges with the studies of Benoit et al. (2016) who showed that sex workers who sought health services reported fear of judgement as a causal factor for unmet healthcare needs. In concert with Benoit et al.'s view, Makhakhe et al. (2019) revealed that service providers tend to allow their personal judgements to interfere in their service to clients. Moreover, HealthlinkBC (n.d.) belabored how harm reduction efforts should treat individuals with respect. The relentless search for quality services was magnified by feelings of maltreatment and emotional distress expressed by my participants propagating needed advocacy. This expressed gap in quality services was outlined by research scholars (Beattie et al., 2020; Emmanuel et al., 2020; Makhakhe et al., 2019) who stated that evidence-based interventions for former sex workers are critically needed to address the current treatment gap. Participants of my research agreed that they would more readily access support services (if available) if services possessed an understanding of the commercialized sex industry and valued them as humans; hence, quality services.

Theme 3: Self-Preservation: Physical and Emotional Health

This theme reflects the expressed issues or concerns with physical and emotional health by my study participants. The vulnerabilities faced by former sex workers are multiplicative and qualitative literature demonstrates how their health and wellbeing are

shaped (Abel, 2014; Chisholm et al., 2017; Howard, 2020; Lyons et al., 2020; Poteat et al., 2014). This theme is categorized in two sub-themes/sub-areas: a) coping with physical health issues, and b) coping with emotional/mental health issues.

Coping With Physical Health Issues

Previous research studies have shown that those who engage in sex work are significantly at risk for human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) (Paz-Bailey et al., 2016; Pitpitan et al., 2013; Shannon et al., 2015). Participants of my study discussed seeking and obtaining support services that included assistance with HIV and STIs relating with research scholars' (Duff et al., 2015; Lyons et al., 2020; Platt et al., 2018; Stender & Christenesen, 2013) assertions that the use of integrated services is critical as sex workers may be exposed to several health risks. One of my study participants reported how she was provided condoms to use with her clients but held an impending fear of contracting diseases. This may have been attributed to concerns of past acquiescing of clients' demands. Bazzi et al. (2015) revealed that while condom use among sex workers may have improved, they (sex workers) may find condom negotiation with clients difficult. Bazzie et al.'s findings underpin the Centers for Disease Control's (n.d.) report on the propensity of Nevada's sex workers to engage in consensual or nonconsensual sex activities. Shared concerns were expressed by my participants regarding their sexual health status. Because adverse health outcomes have the tendency to stigmatize sex workers, Ford et al. (2013) stated that services (advocacy) should minimize stigmas related to sexual behaviors and

emphasize the positive aspects of sexual health. My study relates to the assertions of Ford et al.'s.

Coping With Emotional/Mental Health Issues

Research scholars (Dworkin et al., 2017; Sawicki et al., 2019) emphasized that although disease prevention and treatment services are needed, less attention has been devoted to their (former sex workers) emotional/mental health struggles. Participants of my study reported frequent feelings of emotional distress and anxiety. These findings are upheld through research scholars (Benoit et al., 2018; Farley, 2015; Jeal et al., 2015) who reported that specific services for sex workers with mental health problems are decrepit. My participants expressed struggles with sadness, stress, depression, and deterioration of health attributed to the demands of sex work. They also shared their need to use drugs and/or alcohol to cope with these volatile emotions. Similarly, Turner et al. (2018) reported that unaddressed mental health needs can be a causal factor for self-medicating. As my participants reported abusing drugs (legal and illegal) and alcohol, my findings are in context with Sawicki et al. who posited that the use of substances by former sex workers to cope with harms may contribute to an increase of substances. Further aligning with Sawicki et al.'s view, other scholars (Blasdell, 2015; Ma & Loke, 2019) reported that it is common for sex workers to self-medicate to cope with mental and physical health issues, such as drinking alcohol, binge drinking, and taking drugs. Expanding the views of the aforementioned researchers, Steiner-Hofbauer and Holzinger's (2020) showed that drinking or consuming illicit drugs are dysfunctional coping strategies emanating various health issues. To ameliorate negative effects to their health, five of my

study participants reported successfully seeking and obtaining help for their drug and/or alcohol-related addictions. This aligns with the studies of Ditmore (2013) and Deering et al. (2014) who demonstrated how treatment of alcohol and drug abuse would improve the mental health of former sex workers. The participants of my study who obtained drug and/or alcohol treatment expressed contentment with their sobriety efforts. However, it was critically noted that those participants who pursued drug/alcohol treatment received advocacy outside the boundaries of sex work. My participants may have found services (specific to the needs of former sex workers) unavailable. This resembled reported data in the studies of researchers (Hickle & Hallett, 2016; Hawk et al., 2017) who stated that sex workers who are not categorized as drug users are typically neglected by harm reductionists. Further exacerbating unaddressed mental health needs, two of my study participants reported suicidal ideations, and one attempted by overdosing on an opioid. In their systematic review, Beattie et al. (2020) reported that suicide is a health outcome significantly linked with mental health disorders emphasizing the need for advocacy. Thus, my study agrees with Beattie et al.'s findings.

Limitations of the Study

Although this study offered a unique and involved understanding of emerging challenges that former sex workers experienced when they pursued or received harm reduction services in Nevada, there were some limitations. Qualitative research can be designed to explore the feelings and perceptions of targeted participants concerning a phenomenon. The qualitative researcher is not free from explicit and implicit biases; however, different methods can be used to minimize the impact of study limitations such

as journaling and bracketing (Ross & Bibler, 2019). The targeted participants were limited due to selection bias. The sampling strategy used purposive sampling that meant that participants had to meet the inclusion criteria of the study: (a) English speaking, (b) former sex worker who lived in Nevada, (c) 18 years or older, and (d) been out of the profession for at least 6 months. Thus, those who did not meet the inclusion criteria were excluded from participating in the study.

The results of this study were limited to 10 participants who were former sex workers who lived in Nevada limiting the scope of the study. Based on the inclusion criteria, former sex workers who had not lived in Nevada were excluded from the study. Therefore, the results of the study are limited to a small population of people who have lived experiences as former sex workers who pursued or received harm reduction services in Nevada. The results of this study may not be transferable to former sex workers outside of Nevada. In future research, widening the geographic parameters may prove to yield different results. Another limitation was being out of the profession for at least six months. This could be viewed as a limitation because the data does not reflect the experiences of those beyond this time frame.

Conclusively, in qualitative research, the researcher is a pivotal part of the research process. It is pertinent to remember that a researcher's bias plays a significant role in the observation and analysis of the research (Burkholder et al., 2016). Understanding my positionality and the sensitivity and context of the study, I utilized a self-reflexive journal to help facilitate reflexivity.

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Recommendations

As previously stated, there was a gap in qualitative literature on the lived experiences or perspectives of former sex workers who live or have lived in Nevada and pursued or received harm reduction services. Qualitative research studies show harms perpetrated against sex workers culminating the need for harm reduction services in the form of advocacy for those who seek it (Argento et al., 2020; Bekker et al., 2015; Hawk et al., 2017). A meaningful gap in research existed specific to understanding their lived experiences when they pursued or received these services. The derived themes from this study revealed commercialized sex workers perceived that harm reduction services were uneasy to locate and inadequately designed for the population, and the act of self-preservation could result in the workers using unhealthy coping strategies. Because this study has limitations, recommendations for further research are based on these limitations. Although society may have a homogenous outlook on the sex work population, it could be inferred from my study that the experiences of indigenous groups differ from others meriting further examination of these variances and their implications for future research. Specifically, future research is needed on the structural constructs of race and culture as they relate to the advocacy needs of former sex workers.

The accessibility of quality support services for sex workers can be challenging issues due to their limited mobility, vulnerability, discrimination, and in some cases, unfamiliarity with the local culture and language (Lafort et al., 2018). Ippoliti et al. (2017) posited that the tendency for sex workers to seek advocacy has been perceived as a misnomer as most studies report their hesitancy in accessing support services. It is

likely that innovative services may necessitate the need for readily accessible support services unique to the needs of sex workers' overall health and wellbeing (Benoit et al., 2017; Ma & Loke, 2019). Further, Stender and Christensen (2013) concluded that harm reduction services and care can be most effective if delivered together culminating in a prevention-care approach. The recommendations that emerged from my findings are as follows:

1. Peer/survivor-oriented services: separate support programs for victim and survivor (long and short-term services); peer-oriented or peer led support services.
2. Funding for organizations to support specific programs for former sex workers.
3. Culturally/ethnically sensitive sources and staff needed.
4. Awareness that some commercialized sex workers view sex work and "trafficking" interchangeably. While technically different, their lived experiences may reveal that they do not separate these experiences as the research field does.
5. Quality support services that include crisis/trauma-informed services and publicized information such as advertisements and hotlines (24/7); limited restrictions/qualifications; trained/diverse/nonjudgmental staff providers; integrated/holistic services such as financial, substance abuse, sexual health, job/career, etc.

Implications

While abuse perpetrated against commercialized sex workers play a significant role in whether they seek out harm reduction services, my research findings show that these services may not be easily located, or if available, services are inapt. The current study has demonstrated that these challenges are linked to a variety of factors that may impact client health and wellbeing. However, for those who do face the risk of harm in their work, advocacy and harm reduction services may contribute to the health and wellbeing of these workers (Argento et al., 2014; Ippoliti et al., 2017; Jeal et al., 2015; Mount, 2018; Sakha et al., 2015;). Therefore, the results of this study might contribute to positive social change by not only creating awareness of former commercialized sex workers' experiences but also provide new information and insights that may contribute to extending the body of knowledge specific to understanding commercialized sex work in Nevada. In terms of a positive social change, this study could broaden insights related to self-advocacy through empowerment as experienced and informed by commercialized sex workers. Strategic insights from this study can provide an understanding on how to design effective harm reduction strategies (to include peer-orientation and community empowerment) for this population. Dissemination of findings from this study could also contribute to increased levels of community support, cultural competencies of professionals, trauma-informed care, and empathy for those who may need harm reduction services. It is possible that based on the findings from this study, practitioners could create support/interest groups, nonprofit programs, forums, and social activism related to this field of study.

Conclusion

In this study, I used an interpretive phenomenological approach to explore the lived experiences of former commercialized sex workers who pursued or received harm reduction services in Nevada. The essence of former sex workers' lived experiences in Nevada was the lack of ease in locating support services and when located, services inadequately addressed their needs. These deficits promoted perceptive views of powerlessness (versus strength-based), marginalization, and lack of well-being ultimately fostering health disparities. Stigma and discrimination are also evident and remain formidable barriers for former sex workers in Nevada. Thus, systematically, former sex workers in Nevada constitutes an under-served population in that more prescriptive rather than peer-oriented support exists. In addition, the results of the study reflect the existing literature regarding the need for available and sufficient harm reduction services for former sex workers who seek it (Walks, 2019). The 10 participants who pursued or received support services in Nevada either agreed that the services were inadequate or nonexistent prompting the need to seek services outside of Nevada. As a change agent, I believe that the results of this study can promote community awareness and activism impacting social and structural changes not only to legislative policies but also to healthcare providers, government entities, and nonprofit organizations.

Appendix A: Demographic Questionnaire Form

Hello! Thank you for your interest in participating in this research study on Exploring Harm reduction services Among Former Commercialized Sex Workers in Nevada. Please respond by placing an 'X' in the boxes in response to the following inclusion criteria questions:

- Are you English speaking and over 18 years old? () **Yes** () **No**
Please enter the four-digit year that you were born: _____ (for age compliance)
- Are you a former commercialized sex worker who live or have lived in Nevada? () **Yes** () **No**
- Have you pursued or received harm reduction services?
() **Yes** () **No**
- Have you been out of the profession for at least six months? () **Yes** () **No**

After determining your eligibility, please contact the researcher, Ms. Almond, below to set up a confidential interview time via Zoom (audio) or mobile phone (interviews are recorded). Your eligibility will be confirmed again prior to participation, and you will be provided an informed consent form to review.

Arlynda Almond

PhD student, Walden University

XXX@waldenu.edu

NOTE: All information will be classified as sensitive and confidential. You are not required disclose your identity.

Appendix B: Semistructured Interview Questions

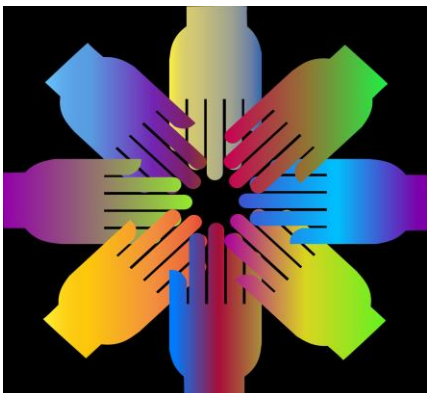
Guidance: During this interview, you may be inclined to name individuals, institutions, and others that may be related to a crime, etc., please try to refrain from naming specific people and revealing identities and use generic terms instead. If you agree to proceed with this interview and understand the informed consent, remember that you may stop at any time without penalty. You may also skip any question that you feel uncomfortable answering. If you agree to participate in the study, I would like to begin.

Do I have your permission to audio tape this interview? Thank you. We will get started.

Interview Questions:

- 1) Please tell me about your experience when you pursued or received harm reduction services, also known as advocacy support, in Nevada.
- 2) Please describe any thoughts or consideration you used when you pursued harm reduction services in Nevada.
- 3) If you received services from a harm reduction advocacy facility, what was your experience(s)?
- 4) Please describe what you believed to be necessary offerings/benefits as harm reduction support for commercialized sex workers.
 - a. Probe 1: Could you say why you think these services are needed?
 - b. Probe 2: What is your opinion of the quality of services received?
- 5) What else would you like to share about your experience when you pursued or received harm reduction services?

Appendix C: Research Flyer

FORMER COMMERCIALIZED SEX WORKERS WHO LIVE (OR HAVE LIVED) IN NEVADA!

I am studying the lived experiences of former commercialized sex workers who live or have lived in Nevada and pursued or received harm reduction services. I welcome volunteer participants. If you are a former commercialized sex worker who is/has:

- ✓ English-speaking, 18 years or older;
- ✓ Pursued or received harm reduction services;
- ✓ Been out of the profession for at least six months.

Participation is strictly voluntary and will be confidential. Interviews will be 60-90 minutes (10 to 15-minutes for questions/answers), with expected follow-up interviews if needed to clarify provided data and will be conducted and recorded via Zoom (audio) or mobile phone.

Participants will receive a \$20 Walmart e-gift card!

The participants' perceptions and experiences will be a valuable source of information and may have future impact on social change! For more information and to enroll in this study, please contact:

Arlynda Almond, PhD student, Walden University
XXX@waldenu.edu
XXX

Thank you for your interest!

Appendix D: Resource Sheet

AGENCY	CONTACT INFO
National Alliance on Mental Health	(800) 950-NAMI (6264)
National Institute of Mental Health (NIMH)	(866) 615-6464
Office on Individuals' Health (OWH)	(800) 994-9662
Sex Workers Outreach Project (SWOP)	(877) 776-2004
HIPS Hotline	(800) 676-4477
CONTACT Helpline	(800) 932-4616
The Samaritans	(877) 870-4673
Hope for the Heart	(800) 488-4673
Victim Connect	(855) 4-VICTIM