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Experiences of Cisgender Mental Health Professionals Providing Services to Transgender or Gender Nonconforming Individuals Who Voluntarily Engage in Sex Work

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Walden University
2024

Abstract

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by

Rachel R. Johnson

MS, Walden University, 2015

BS, Thomas More University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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April 2024

Abstract

Understanding mental health needs and increasing awareness of services is critical for the wellbeing of populations served in mental health treatment, including minority subpopulations such as transgender or gender nonconforming sex workers. Further exploration of this topic is needed and the lack of it is a critical gap in multicultural mental health service provision. The purpose of this heuristic study was to explore the meaning of cisgender mental health professionals' experiences while working with transgender or gender nonconforming sex workers, identifying themes for potential education, training, and supervision topics to increase cultural competency when providing services to the population. Six cisgender mental health professionals completed semistructured interviews, which were transcribed and coded to identify themes. The themes identified in the analysis included counselor history, experiences with clients, counselor reactions, and growth experiences. Positive social change was addressed by promoting affirmative counseling that uses appropriate cultural competencies for a specific population within the community. Through increased multicultural awareness, cisgender mental health professionals working with transgender or gender nonconforming sex workers choosing to participate in the sex trade will experience support, preparedness, and increased education and training. Additionally, themes identified in this study promote appropriate tools and effective strategies for assisting the population of transgender and gender nonconforming sex workers in meeting their own goals for wellness without judgment from the mental health professional community.

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Dedication

I dedicate this dissertation to my son, Mikol, who has spent his life watching me write and cheers me on each day, and to my stepdaughters, Emma and Courtney, who sat with me during late nights and early mornings to offer smiles and hugs. This dissertation is also dedicated to my grandparents, Ethel, Betty, Fred, and Jim, who all departed this world before it was finished, but who never stopped inspiring me and were always, always encouraging me to reach for my dreams.

Acknowledgments

I could not have accomplished this goal without the support and assistance of many people in my life. I would like to take this opportunity to acknowledge some of the significant people who played monumental roles in this success.

First, I want to express sincere gratitude to my dissertation committee. The value of their guidance, support, and patience is immeasurable. Dr. Mary Kate Reese and Dr. Geneva Gray provided direction and wisdom throughout this process, and without their valuable insight and steering, this achievement is not possible.

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Last, but certainly not least, I want to express my deepest thanks for the emotional support and unwavering confidence of my husband, Mycool, father, Gary, mother and stepfather, Lisa and Dan, sisters, Sara and Tonya, and friends Emily, Katie, and Terry.

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Chapter 1: Introduction to the Study

In this study, I explored cisgender mental health professionals' experiences providing services to voluntary sex workers identifying as transgender or gender nonconforming. The results of the study revealed themes regarding experiences, perceptions, and attitudes when working with this population. Providing nonbiased and culturally appropriate care is an ethical obligation of mental health professionals, including providing culturally competent care to the minority subpopulation of transgender and gender nonconforming sex workers (American Counseling Association, 2014). The need for further exploration of cisgender mental health professionals' perceptions and attitudes toward voluntary sex workers identifying as transgender or gender nonconforming is a critical gap in multicultural mental health service provision.

In this chapter, I discuss the background of the study, including a brief overview of the literature that indicates a gap in research. I discuss the problem statement, purpose of the study, research question, the nature of the study, definitions, assumptions, scope and delimitations, limitations, and the significance of the study.

Background

Understanding the mental health needs and increasing awareness of services is critical for the wellbeing of populations served in mental health treatment, including minority subpopulations such as transgender or gender nonconforming sex workers. According to Picos et al. (2018), millions of sex workers exist across the world. The psychological health of people choosing to engage in sex work is not extensively studied, although sex work is associated with mental health symptoms including posttraumatic

stress disorder, depression, anxiety, substance use, physical disorders, and housing instability (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Mental health service access is important for sex workers, but mental health workers' experiences and attitudes in providing such services were not yet explored (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Although researchers indicated the presence of mental health symptoms and diagnoses within the population of sex workers, resources specifically geared toward providers for culturally appropriate mental health care are limited (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Further exploration of attitudes and experiences of licensed mental health providers serving the subpopulation was needed for education and awareness regarding supervision, training, and education. A full analysis of current research and indications is discussed in detail in Chapter 2.

Problem Statement

The lack of awareness of counselor experiences working with clients choosing to participate in sex work in the United States, specifically transgender and gender nonconforming individuals participating in sex work, warranted further exploration. The American Counseling Association's *Code of Ethics* (ACA, 2014) obligates counselors to maintain multicultural competency in practice throughout Section A and maintains cultural competency's significance throughout the entire document. Cultural competencies indicate a necessary understanding and acceptance of all humans by mental health professionals. Providing nonbiased and culturally appropriate care is an ethical obligation of mental health professionals, including the provision of care to the minority population of voluntary sex workers and the subpopulation of transgender and gender

nonconforming sex workers (ACA, 2014). The need for further exploration of cisgender mental health professionals' perceptions and attitudes toward voluntary sex workers identifying as transgender or gender nonconforming was a critical gap in multicultural mental health service provision. Exploring cisgender mental health professionals' experiences providing services to voluntary sex workers identifying as transgender or gender nonconforming revealed themes regarding their experiences, perceptions, attitudes, and possible biases toward this population.

The mental health of people choosing to engage in sex work has not been studied extensively, although sex work is associated with pervasive mental health symptoms (Picos et al., 2018). The population of transgender sex workers experiences high rates of childhood trauma, victimization, substance use, stigma, external stressors, depression, suicide, feeling entrapped and defeated, low self-esteem, and housing instability (Baumann et al., 2019; Chang et al., 2019; Gama et al., 2018; Hoffman, 2014; She, 2020). Further, transgender sex workers report stigma and discrimination in the healthcare community as barriers to accessing services (Baumann et al., 2019). Previous researchers indicated the importance of mental health services for sex workers but did not address the experiences and attitudes of mental health workers providing such services (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Sex workers experiencing stigma and discrimination experience a higher potential for barriers to seeking mental health treatment (Rayson & Alba, 2019). Recognizing and acknowledging the needs of the population will provide a bridge to accessing treatment (Sawicki et al., 2019). Through understanding the experiences and attitudes of cisgender mental health professionals

providing services to transgender and gender nonconforming sex workers, this information may lead to an increase in effective and non-biased mental health care.

Purpose of the Study

The purpose of this heuristic study was to explore the meaning of cisgender mental health professionals' experiences while working with transgender or gender nonconforming sex workers, identifying themes for potential education, training, and supervision topics to increase cultural competency when providing services to the population. The research was qualitative in nature due to the purpose of exploring the meaning of cisgender mental health professionals' experiences while providing services to transgender or gender nonconforming sex workers in the United States, which occurred using semistructured interviews and purposive sampling. Following Moustakas (1990) and the heuristic design method of analyzing my own experiences as a member of the observed population, I considered my own personal experiences as a counselor working with transgender and gender nonconforming sex workers while determining the potential social impact of the study as well as focusing on my personal growth through the exploration to create more meaning of my own experiences.

Research Question

How do cisgender mental health professionals make meaning to experiences in providing services to transgender and gender nonconforming sex workers in the United States?

Conceptual Framework

Borrowing from feminist theory concepts, I used the conceptual idea that gender, sexuality, and privilege dictate social norms and that every person has their truth, which deserves representation in the counseling relationship (Conroy, 2013). Feminist theory conceptualizes the experience of diversity (Conroy, 2013). Gender differences occur in social context and heterosexual, dominant, and socially accepted people are more privileged than other groups (Conroy, 2013). Using feminist theory, the researcher explores and validates that each participant owns their own truth, regardless of external factors or pressures (Conroy, 2013). Cisgender mental health professionals providing services to transgender and gender nonconforming sex workers in the United States experience the phenomenon of the work in unique perspectives through their own lenses impacted by gender, sexuality, and privilege, which laced the responses to the semistructured interview in this study. The feminist conceptual framework provided me with the viewpoint that experiences between genders, sexual identification, or privileged cultural backgrounds are impactful and thus informed the research question and use of heuristic inquiry to understand the experiences of participants in this study. With feminist theory as a conceptual framework, heuristic inquiry followed as the theoretical framework I chose due to my own experiences as a cisgender mental health professional providing services to transgender and gender nonconforming sex workers. The theoretical framework is discussed further in Chapter 3.

Nature of the Study

In this heuristic qualitative study, I aimed to explore the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States. Using heuristic inquiry, I used open-ended and semistructured interviews to identify themes and patterns in mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers, thus providing insight into possible cultural competencies for implementation in mental health practice. The need for further exploration of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States is a critical link to multicultural mental health practice due to a current gap in the literature supporting knowledge of the experiences, which is needed to implement cultural competencies in mental health professionals' work with the population.

Qualitative researchers seek to describe a gap in research about specific phenomena (Ravitch & Carl, 2016). The theories and concepts that grounded this study include heuristic inquiry, developed by Moustakas (1990). Moustakas pioneered heuristic inquiry as a method of qualitative research. Heuristic research provides a method to explore the phenomenon from the participants' viewpoints but also creates an outlet for the researcher's connection and relationship to the phenomenon. The use of heuristic inquiry allows the researcher to discover and explore the essence of an experience while strengthening personal connections to the experience (Moustakas, 1990). The researcher engages in phases while conducting the heuristic inquiry, including engagement,

immersion, incubation, illumination, explication, and culmination. The phases of heuristic inquiry and application to this study are further explored in Chapter 3. Using interviews to assist in exposing the core of the human phenomena explored in qualitative research is a primary tool for qualitative researchers (see Jacob & Fergeson, 2012). Synchronous interviews, whether face-to-face, telephonic, or through an online format, are important for immediate responses and authentic answers (Laureate Education, 2017). Gathering rich experiences from synchronous interviews is aligned with heuristic research. Throughout my study, I identified themes and patterns regarding the experiences of cisgender mental health workers providing services to voluntary transgender or gender nonconforming sex workers after conducting interviews via video conference, coding each data source, and immersing into the data to fully understand the experience. While conducting the interviews and identifying themes, I used reflexive journaling to document my thoughts, biases, and experiences to understand the growth that occurred within my own experiences and understanding as the study progressed. Further discussion of theoretical propositions occurred in Chapter 2.

Definitions

Mental health professionals: Licensed counselors, social workers, marriage and family therapists, and psychologists. Entry-level professionals and professionals with degrees lower than a master's level were excluded from the study to focus on mental health professionals potentially practicing forms of counseling and behavioral health services.

Passive victims: Sex workers involved in the profession through coercion due to poverty, power inequalities, or trafficking, while active agents are people engaging in sex work because of choice (Zhang et al., 2015). Other entities play a role in sex workers' lives as well, including law enforcement agents, gatekeepers, health professionals, nonpaid partners, and clients (Zhang et al., 2015). With engagement viewed as a continuum and sex workers divided into passive victims and active agents, an understanding of contributing factors to engagement is necessary when working with the population in the mental health profession (Benoit et al., 2018; Zhang et al., 2015).

Sex work: The term describes the labor and economic impact of the trade and removes assumptions that all sellers of sex are victims of buyers (Benoit et al., 2018). The use of the term *sex work* includes an understanding that a continuum exists in which sex workers are exploited or oppressed and empowered or choose to engage (Benoit et al., 2018). Sex work typically involves building and maintaining customers with fair trade of services but is often viewed as a trade accessed merely for survival instead of choice in the profession (Sawicki et al., 2019). Kuhar and Pajnik (2019) asserted that sex work occurs on a continuum and ranges from casual or accidental encounters to professional, intentional encounters. Sex work is defined as consensual participation, not forced, or coerced human trafficking, and occurs in both face-to-face and online negotiations and transactions (Kuhar & Pajnik, 2019; Sawicki et al., 2019). Sex work differs from the intimacy of noncommercial sexual relations and may occur in venues, homes, and while soliciting on the street, among other places (Maher et al., 2013; Orchard et al., 2012).

Sex worker: Sex workers are individuals offering sexual services in exchange for money, goods, services, or other forms of compensation for financial and nonfinancial reasons (Sawicki et al., 2019). Sex workers may engage in noncommercial sexual relationships, which occur between nonpaying partners, as well as paid transactional sexual encounters (Maher et al., 2013).

*Transgende*r: An individual with differing gender identity than that of their birth sex (Benghiac, 2013). Both internal and external variables create identity, including gender identity (Ocha & Earth, 2013).

Assumptions

Qualitative research is assumed the most beneficial methodology for this study due to the nature of the study in exploring the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States. I assumed that heuristic inquiry is a conceptual framework providing optimal results when exploring and finding meaning in the experiences and viewpoints of participants while strengthening the connection of the researcher to the phenomenon (see Moustakas, 1990). This study was based on the assumption that cisgender mental health professionals providing services to transgender or gender nonconforming sex workers could provide insight into their experiences, regardless of whether the participants identified potential attitudes, biases, or cultural competence. I also assumed that the interview questions used for the semistructured interview prompted rich responses from participants, providing data that highlights the meaning of the experiences and potential cultural awareness and competencies. I assumed

that I would find themes regarding the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States from the data transcribed and observed. Participants were expected to openly respond to questions in the interview without bias and with honesty to better analyze and identify themes present in experiences. As themes were indicated, I assumed that final insight into the experiences may be used to understand more about the experiences of the population of cisgender mental health professionals in the United States providing services to transgender and gender nonconforming sex workers.

Scope and Delimitations

This study was qualitative in nature, using heuristic inquiry, as described above. Quantitative research was not considered due to the lack of literature and data available creating meaning of experiences within the population studied, thus qualitative research methodology was used for this study due to qualitative researchers seeking meaning and interpretation from reported experiences (see Patton, 2015). Grounded theory was considered as a qualitative approach to this study, but not chosen as grounded theory researchers seek to determine a theory developed from data whereas phenomenological researchers seek to create meaning from lived experiences, which is aligned with the purpose of my study (see Patton, 2015). Heuristic inquiry is focused on creating meaning with the researcher's experiences considered, including potential biases, while interpreting the data (Peoples, 2020). Because of my experience as a cisgender counselor providing mental health services to sex workers identifying as transgender and gender nonconforming, I used heuristic inquiry for this study as I engaged in creating meaning

from other mental health professionals' experiences with the same population. I used open-ended questions in the semistructured interviews to elicit deep, complex, and meaningful responses for interpretation of the data while using heuristic inquiry instead of closed-ended questions that could result in simple affirmative or negative responses, reducing the availability of data.

Limitations

Limitations to this study included the possibility of a low population of counselors meeting the criteria for inclusion and the potential for resistance to recorded video. I would have amended my search criteria for wider inclusion if it proved necessary. I considered audio recording instead of video recording as a possible secondary method of collecting data. Collecting a sample size to meet saturation presented as a barrier but with increasing use of virtual interactions and the ability to use video and audio devices to interact, the sample size was increased as counselors across the country were interviewed without physical limitations.

Limitations may have arisen due to the chosen methodology and conceptual framework. If the use of qualitative methodology in the form of heuristic inquiry did not sufficiently explore the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States, limitations would have arisen from the indicated results. Limitations may have existed concerning the level of insight and awareness of participants. The data collected only reflected the depth of awareness of the experience the mental health professionals described during the interviews. In relation to data, the data collection occurring through

semistructured interviews was limited by the interview questions, which had the potential to not prompt rich responses to explore the experiences in depth. There was a potential that themes regarding the experiences of cisgender mental health professionals providing services to transgender and gender nonconforming sex workers were not found consistently across participant experiences, which may not have indicated themes related to competencies for supervision and education. Participants may have provided biased or dishonest responses in fear of judgment or negative feedback, despite provision of an informed consent. If responses were biased or dishonest, the themes identified may be skewed and provide an inaccurate representation of the meaning of the experiences explored. Regardless of the nature and depth of the themes identified through heuristic inquiry with the population, results were shared accurately and honestly.

Significance

The need for further exploration of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States is a critical link to multicultural counseling due to a current gap in the literature supporting knowledge of the experiences, which is needed to implement cultural competencies in mental health professionals' work with the population. This study is significant in that it is an addition to the field of counseling and mental health as a method of identifying appropriate cultural competencies for a minority population. Through analyzing data collected through understanding the essence of the experience of cisgender mental health professionals working with transgender or gender nonconforming sex workers, I examined experiences and attitudes surrounding the

population. My intent was to provide research and possibly impact society through promoting affirmative counseling that uses appropriate cultural competencies for a specific population within the community. Through increased multicultural awareness, I hope to educate cisgender mental health professionals working with transgender or gender nonconforming sex workers choosing to participate in the sex trade. My goal was to identify themes to promote appropriate tools and effective strategies for assisting the population in meeting their personal goals for wellness without judgment from the mental health professional community. The study provided data that might lead to a shift in perspective of transgender or gender nonconforming sex workers as well as the ability to provide nonbiased counseling and increased proactive therapeutic alliances.

Summary

In this chapter, I briefly discussed the background of the study, including a brief overview of the literature that indicates a gap in research. I discussed the problem statement, purpose of the study, research question, the nature of the study, definitions, assumptions, scope and delimitations, limitations, and the significance of the study. In the next chapter, I will provide a detailed overview of research literature related to the background and cause for the study.

Chapter 2: Literature Review

The lack of awareness of counselors' experiences working with clients choosing to participate in sex work in the United States, specifically transgender and gender nonconforming individuals participating in sex work, was cause for exploration. The use of the term *sex worker* instead of *prostitute* reduces stigma regarding a person providing

sexual services to another person, thereby reducing gendered terms and exclusion of other genders beyond binary identification of female and male, thus *sex worker* is the term used to identify the population (Sawicki et al., 2019). The ACA's (2014) *Code of Ethics* obligates counselors to maintain multicultural competency in practice throughout Section A and maintains the significance of cultural competencies throughout the entire document. The mention of cultural competencies indicates a necessary understanding and acceptance of all humans from counselors practicing in the field. Providing nonbiased and culturally appropriate care is an ethical obligation of counselors, including provision of care to the minority population of voluntary sex workers and the subpopulation of transgender and gender nonconforming sex workers (ACA, 2014). The need for further exploration of cisgender mental health workers' perceptions and attitudes toward voluntary sex workers identifying as transgender or gender nonconforming is a critical gap in multicultural counseling. Exploring cisgender mental health workers' experiences providing services to voluntary sex workers identifying as transgender or gender nonconforming revealed themes regarding perceptions, attitudes, and possible biases toward the population. In this qualitative study, I aimed to explore the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States. The research is qualitative to fulfill the purpose of exploring the meaning of cisgender mental health professionals' experiences providing services to transgender and gender nonconforming voluntary sex workers in the United States, which occurred using semistructured interviews and

purposive sampling to understand the experiences of mental health professionals who have worked with the population.

Understanding the mental health needs and increasing awareness of services is critical for the wellbeing of sex workers. According to Picos et al. (2018), millions of sex workers exist across the world. The psychological health of people choosing to engage in sex work is not studied extensively, although sex work is associated with mental health symptoms including posttraumatic stress disorder, depression, anxiety, and substance use (Picos et al., 2018). People engaging in sex work, especially in street solicitation, have a history of previous and current trauma and abuse, mental and physical disorders, substance abuse, and barriers regarding housing instability (Shdaimah & Wiechelt, 2013). Sex workers reported participation in the trade due to survival needs and coercion and reported experiencing victimization prior to and during prostitution, further indicating a history of traumatic experiences (Shdaimah & Wiechelt, 2013). Previous researchers indicated the importance of mental health services for sex workers but did not address the experiences and attitudes of mental health workers providing such services (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Further exploration of mental health needs and experiences with providers within the population is needed for education and awareness regarding mental health services and awareness for service providers.

Although researchers denoted the presence of mental health symptoms and diagnoses within the population of sex workers, resources and providers for culturally appropriate mental health care are limited (Picos et al., 2018; Shdaimah & Wiechelt, 2013). Legal systems provide alternate sentencing to people charged with prostitution in

some areas, including Maryland, which includes a diversion sentence with efforts to address contributing factors to sex work (Shdaimah & Wiechelt, 2013). However, researchers reported that without support to address personal and structural factors, the choice to participate in sex work will continue (Shdaimah & Wiechelt, 2013). Although limited mental health needs are understood, without further awareness and implementation of services directed toward sex workers, participation in illegal and potentially risky behavior may continue.

Experiences and attitudes of providers regarding counseling with sex workers, including the subpopulation of transgender and gender nonconforming sex workers, have not been explored. Benghiac (2013) defined the term *transgender* as an individual with differing gender identity than that of their birth sex. Both internal and external variables create identity, including gender identity (Ocha & Earth, 2013). Transgender individuals, with and without surgical transition, relearn and retrain their bodies to align with their gender identity (Ocha & Earth, 2013). Within the sex trade industry, social norms enforce specific expectations about appearance and behavior, regardless of gender identity (Ocha & Earth, 2013). For some transgender sex workers, the sex trade industry is a means of funding necessary surgical procedures to align with gender identity (Ocha & Earth, 2013). Although few publications were found regarding transgender or gender nonconforming sex workers, the needs of the population are relevant, and services are underprovided (Ocha & Earth, 2013; Picos et al., 2018; Shdaimah & Wiechelt, 2013).

In the following literature review, the strategy for the literature review and the definition of sex work, including types of sex work and types of sex work engagement

experienced by transgender sex workers, is discussed. I also discuss perceptions of mental health at large, mental health and sex workers, and the experiences of sex workers within mental health treatment. Mental health and transgender or gender nonconforming sex workers, exploring transgender experiences of mental health services and mental health care providers' experiences and attitudes regarding sex workers are discussed. The stigma perceived by sex workers in the community, legal system, and healthcare are explored, as well as attitudes and experiences regarding transgender or gender nonconforming sex workers. In addition, the methodology used for the study is reviewed.

Strategy for Literature Review

The keywords searched during the literature review included *sex work, counselors, counselors, mental health providers, social workers, therapists* and *sex workers, counselors* and *prostitutes, counselors* and *sex workers* and *qualitative studies, counselors*' *perceptions of sex workers, counselors' perceptions of prostitutes, counselors*' *bias sex workers, counselors*' *stigma* and *sex workers, counselors* and *bias* and *prostitutes, counselor* and *stigma* and *prostitutes, counselors*' *perceptions, counselors' attitudes, attitudes* and *therapist, gender* and *counselor, voluntary sex workers* and *counselors, voluntary sex workers, sex workers* and *resiliency factors, sex workers* and *United States, sex workers United States Counselors, sex workers* and *United States* and *counseling, sex workers* and *United States* and *mental health, sex workers* and *United States* and *Perception, sex worker*s and *United States* and *perception, sex workers* and *United States* and *perception, sex workers* and *counselors* and *perception* or *attitude* or *opinion, Sex workers* or *prostitutes* or *prostitution* or *sex*

industry and *counselors* and *perception* or *attitude* or *opinion*, *sex workers* or *prostitutes* or *prostitution* or *sex industry* and *counselors* or *psychologists* or *psychotherapists* and *perception* or *attitude* or *opinion*, *voluntary sex workers*, *voluntary sex workers* and *United States*, *voluntary sex workers* and *counselors*, *voluntary sex workers* and *counselors* and *perceptions*. Further keywords searched included *transgender sex workers*, *gender nonconforming sex workers*, *transgender sex workers* and *mental health*, *gender nonconforming sex workers* and m*ental health*, *transgender sex workers* and *counselors*, *gender nonconforming sex workers* and *counselors*, *transgender sex workers* and *attitudes* or *perceptions*, *gender nonconforming sex workers* and *attitudes* or *perceptions*, *transgender sex work*, *gender nonconforming sex work*, *transgender experiences with mental health services* and *mental health professionals*, *transgender*, and *perspectives or views or perceptions*. All keywords were searched in databases including APA PsychARTICLES, APA PsycBOOKS, APA PsychEXTRA, and ProQuest using delimiters including peer reviewed status, full text articles, and articles with no time frame but specific focus on articles published in 2010-2022.

Defining Sex Work

Sex work is not only one of the oldest professions but is also one of the most stressful and dangerous (Benoit et al., 2018; Zhang et al., 2015). Sex workers are defined as individuals offering sexual services in exchange for money, goods, services, or other forms of compensation for both financial and nonfinancial reasons (Sawicki et al., 2019). According to Sawicki et al. (2019), sex workers are equivalent to entrepreneurs in that the work typically involves building and maintaining customers with fair trade of services

but is often viewed as a trade accessed merely for survival instead of choice in profession. The terminology surrounding sex workers impacts stigma, further limiting the perspective of the trade (Benoit et a., 2018). The word *prostitution* is pervasive and continues as a popular term to refer to sex work in advocacy groups, official government discussion and documents, and with groups seeking the criminalization of sex work and, alternatively, the decriminalization of sex work (Benoit et al., 2018). The term *sex work* emphasizes the labor and economic impact of the trade and removes assumptions that all sellers of sex are victims of buyers (Benoit et al., 2018). The use of the term *sex work* should include an understanding that a continuum exists in which sex workers are exploited or oppressed and empowered or choosing to engage (Benoit et al., 2018). Use of destigmatized vocabulary while referring to sex work reduces lack of awareness of the work provided within the profession.

Sex Worker Population

Sex workers are comprised of a complex population. According to Zhang et al. (2015), sex workers are divided into two categories. Passive victims are sex workers involved in the profession through coercion due to poverty, power inequalities, or trafficking, while active agents are people engaging in sex work because of choice (Zhang et al., 2015). Other entities play a role in sex workers' lives as well, including law enforcement agents, gatekeepers, health professionals, nonpaid partners, and clients (Zhang et al., 2015). With engagement viewed as a continuum and sex workers divided into passive victims and active agents, an understanding of contributing factors to

engagement is necessary when working with the population in the mental health profession (Benoit et al., 2018; Zhang et al., 2015).

Contributing factors for initiating a career in the sex trade industry are abundant and participating in the trade impacts those involved. As increased numbers of people engage in sex work, competition increases, which impacts stress for current sex workers (Zhang et al., 2015). Psychological stress is also impacted by abusive clients, with sex workers reporting verbal and physical abuse as a regular occurrence while working. Arrests and involvement with law enforcement increase stress among sex workers and gatekeepers, which results in fines, incarceration, charges and convictions, harassment, and further stigma (Zhang et al., 2015). The illegal nature of sex work and the stigma surrounding the profession leads to isolation from families and support groups, increasing stress experienced by sex workers (Benoit et al., 2018; Zhang et al., 2015). Stress is also impacted by romantic partners because sex workers often keep their profession a secret from their partners or must support a nonworking partner through income from sex work, indicating low self-esteem and unhealthy relationships (Zhang et al., 2015). According to Leslie et al. (2013), drug use is both a coping tool for sex work, as well as a motivation to continue to participate in sex work, which contributes to the cycle of unhealthy behaviors. Understanding that involvement in sex commerce is a result of unique experiences, cultures, and circumstances will reduce stigma attached to the term and profession (Benoit et al., 2018; Zhang et al., 2015).

Types of Sex Work

Various forms of sex work exist. Kuhar and Pajnik (2019) asserted that sex work occurs on a continuum and ranges from casual or accidental encounters to professional, intentional encounters. Sex work is defined as consensual participation, not forced or coerced human trafficking, and occurs in both face-to-face and online negotiations and transactions (Kuhar & Pajnik, 2019; Sawicki et al., 2019). Sex workers may engage in noncommercial sexual relationships, which occur between nonpaying partners, as well as paid transactional sexual encounters (Maher et al., 2013). Sex work differs from the intimacy of noncommercial sexual relations and may occur in venues, homes, and while soliciting on the street, among other places (Maher et al., 2013; Orchard et al., 2012). The decision to participate in the sex trade industry ranges from socioeconomic need to career decision making (Kuhar & Pajnik, 2019). Sex workers report that, in some instances, clients become friends and relationships exist outside the realm of trade, while others maintain strict client boundaries (Kuhar & Pajnik, 2019). Sex work exists on a continuum with different forms of sex work, allowing complex relationships to manifest (Benoit et al., 2018; Kuhar & Pajnik, 2019; Zhang et al., 2015).

Types of Engagement Experienced by Transgender Sex Workers

Sex workers identifying as transgender experience a unique culture within the population. Transgender female sex workers self-reported initially engaging in the sex trade industry due to differing stimuli, including displacement resulting in threats to survival, reduced social support, limited housing opportunities, lifestyle, surgical and medical procedures for sex reassignment, and financial income (Bianchi et al., 2014;

Ocha & Earth, 2013; Sausa et al., 2007; Zarhin & Fox, 2017). Zarhin and Fox (2017) found that sex workers internalize stigma, leading to cognitive expectations indicating a belief that a career, financial wellness in alternative careers, and healthy relationships are not achievable due to their profession as sex workers. However, sex workers experiencing more choice and feelings of control over their circumstances report increased satisfaction (Bianchi et al., 2014). Sex work is viewed from two perspectives, including engaging because of a personal choice, and engaging because of survival or coercion, while transgender sex workers report unique experiences lending to motivation to initiate and maintain participation in the sex trade industry.

Perceptions of Mental Health

Regardless of cultural identification, mental health stigma permeates society, reducing access to services. Kearns et al (2019) asserted that mental illness holds a stigma and attitudes are pervasive regarding seeking professional help for mental health. Because of the stigma and attitudes, availability and accessibility of mental health support services is limited at times (Kearns et al., 2019). Seeking mental health services is positively impacted through reduced stigma and increased positive attitudes by providing accessible mental health services and recognizing the importance of the interconnected systems for health care (Kearns et al., 2019; Rae, 2005). Mental health work depends on external factors that impact mental health and treatment, including policies, measures of performance evaluation, working relationships, service managers, and service users (Rea, 2005). In the field of mental health work, accountability to service users is a priority, resulting in the need for policies to reflect the direct needs of

those accessing care. Empowering service users is important to expression of needs, which will drive policy changes (Rea, 2005). Stigma surrounding mental health and treatment for related illness reduces engagement in services, thereby creating a gap in access to treatment not only within the population of transgender or gender nonconforming sex workers but also within the general population.

Mental Health and Sex Workers

The need for mental health services is evident through previous research with people engaging in the sex trade industry of all genders. Mental health issues experienced by the population include substance use, depression, suicidal ideation, anxiety, posttraumatic stress disorder, and self-harm (Abed et al., 2018; Mo et al., 2018; Nelson & Abikoye, 2019; Sawicki et al., 2019). Trauma among sex workers occurs in early childhood, adulthood, or after beginning in the profession of sex work (Sawicki et al., 2019). In addition, sex workers are more susceptible to contract HIV, participate in higher rates of unsafe sex, experience exploitation by police, engage in substance use, and experience mental health barriers (Mo et al., 2018). Zhang et al. (2014) studied associations between mental health problems and negative experiences among female sex workers and found that alcohol use was predictive of mental health problems. The intersection of substance uses and mental illness in all genders engaging in sex work indicates a need for mental health treatment among the population.

Beyond established mental health diagnoses, sex workers experience significant symptoms and barriers to a healthy lifestyle. Barriers to survival and fulfillment for people engaged in sex work are categorized as threats to life and health, threats to

humanity, threats to future, and threats to control of work and financial security (Mo et al., 2018). Because of the nature of the work and the complicated structure of the profession, sex workers are exposed to stress related health issues (Zhang et al., 2015). Variables that commonly impact sex workers include increased physical risk due to increased sexual partners, violence, drug use, legal issues, social stigmatization, heavy workload, abusive partners, exploitation, and increased prevalence of mental illness (Moret et al., 2016; Sawicki et al., 2019; Zhang et al., 2015). Stigma, including commonly held beliefs of immorality or laziness, maintain a disconnection between sex workers and support systems and discourage sex workers from seeking assistance from violence and abuse due to lack of sympathy (Zhang et al., 2015). To cope with stress, female sex workers reported maladaptive coping strategies, including use of tobacco, alcohol, illicit substance use, problem gambling, and overuse of the internet to escape from reality (Zhang et al., 2015). Overall, sex workers face daily barriers in violence, housing markets, educational settings, healthcare, workplaces, and the criminal justice system, which leads to a social devaluation held within the stigmatized identity (Mo et al., 2018; Sawicki et al., 2019). Stress experienced by sex workers impacts high rates of burnout, depression, suicidal thoughts, and suicide attempts and completion (Zhang et al., 2015). With many risk factors and variables impacting sex workers, attention to mental wellness is important.

Experiences of Sex Workers with Mental Health Treatment

The experiences of sex workers involved in the mental health relationship were explored, but not the experiences of mental health workers. Transgender sex workers

report stigma and discrimination in the healthcare community as barriers to accessing services for treating traumatic brain injury or injuries to the head while working in the sex trade (Baumann et al., 2019). The stigma surrounding sex workers is that of people participating in abnormal behavior unacceptable to society, presenting a barrier to accessing necessary treatment despite a need to relearn and replace coercion with healthy trust learned in therapeutic settings (Mo et al., 2018; Preble, 2015).

Suggested services through peer support assist former sex workers by helping to share experiences with other sex workers, modeling appropriate relational behaviors and trust exercises, and holding themselves accountable (Preble, 2015). Sex workers reported experiencing a sense of hopelessness, low self-efficacy, lack of social support, and increased mental health symptoms (Mo et al., 2018). Communication skills improvement will increase the accessibility and utilization of services, increasing the ability to learn to reduce potential threats during sex work, address symptoms of anxiety, and increase hope and self-efficacy (Mo et al., 2018; Robertson et al., 2013. Nelson and Abikoye (2019) reported while most sex workers acknowledged the harmful impact of substance use that often occurs within the population and need for treatment, some sex workers did not engage in treatment due to lack of confidence in the effectiveness of treatment and felt the use of personal characteristics, such as willpower and self-efficacy, treated substance dependence and thus they believed clinical treatment was unnecessary.

Services and treatment for the care of sex workers must include addressing safety and mental health needs, including substance use and self-advocacy (Mo et al., 2018; Peitzmeier et al., 2014; Robertson et al., 2013; Zhang et al., 2014). Emphasis is placed on

the necessity of trauma informed mental health counseling with the population, thus indicating a need to understand the relationship and experiences of the counselor-sex-worker dyad (Peitzmeier et al., 2014). Because of higher exposure to physical and mental health risks, sex workers need services with awareness of culturally specific risk factors (Abad et al., 2015).

Because of the increased accessibility and use of mobile phones in the sex worker population, integrating mobile phone use in prevention, education, and treatment may assist in overcoming barriers typically reported with face-to-face treatment (Mimiaga et al., 2017). Mobile phones are increasingly used for solicitation and negotiating sex work (Mimiaga et al., 2017). Barriers to face-to-face services include time taken to engage in services, lack of anonymity, implementation of services, and perception that services are not helpful (Mimiaga et al., 2017; Nelson & Abikoye, 2019). Overall, nontraditional techniques and mobile phone engagement using cognitive restructuring techniques are acceptable, feasible, and effective (Mimiaga et al., 2017).

Mental health programs are indicated as important factors in resiliency among sex workers, promoting the importance of an understanding of the dynamics of a counseling relationship (Zhang et al., 2014). Marginalized and vulnerable populations report experiencing various barriers to accessing health care, including lack of knowledge regarding services, potential perceived risks, and fear of bias and stigma when disclosing status as a member of a vulnerable population to health care workers (Ma et al., 2017; Nelson & Abikoye, 2019). In general, marginalized populations also report fear of stigma from family and friends and social stigma, fear of broken confidentiality, cost of

treatment and accessibility, and fear of discrimination within the services (Ma et al., 2017).

Regarding sex workers specifically, barriers include inadequate or inconvenient health care services, perception of risk of violation of confidentiality, and inequalities in health care structures due to stigma (Ma et al., 2017). Interpersonal barriers to seeking health care services include a lack of peer influence and social support, fear of repercussions in work and home life if positive for HIV, and a lack of peer knowledge regarding health care (Ma et al., 2017).

Institutional barriers include expectation of poor treatment or negative attitudes from providers and a fear of violation of confidentiality and privacy, as well as inadequate services due to the specific needs of sex workers (Ma et al., 2017). At a community level, barriers include fear of social stigma regarding engagement in sex work, potential positive HIV tests, and drug use (Ma et al., 2017). Despite information regarding the experiences of sex workers involved in mental health services, as well as necessary treatment recommendations, little is published regarding the experiences of mental health workers involved in the dyad.

Fear of violence, criminalization, and stigma often prevent sex workers from accessing consistent mental health treatment, which perpetuates mental health symptoms (Ma et al., 2017; Nelson & Abikoye, 2019; Sawicki et al., 2019). Recognizing and acknowledging the needs of the population will provide a bridge to accessing treatment (Sawicki et al., 2019). The use of client centered practice despite personal values that

may not align with the client is critical in providing culturally competent mental health treatment, including seeking consultation regarding internal bias (Sawicki et al., 2019).

Using trauma informed care and harm reduction, as well as providing resources for basic needs identified by the client is also suggested (Sawicki et al., 2019). Barriers to accessing treatment include fear of arrest due to illegal behavior, stigma, lack of social and partner support, lack of knowledge regarding services provided, and issues related to the financial costs of treatment (Nelson & Abikoye, 2019). Because of stigma, sex workers report delaying or avoiding healthcare service engagement (Ma et al.,2017; Nyblade et al., 2017; Sawicki et al., 2019). The experiences of binary-gendered sex workers are abundant, with little emphasis on transgender and gender nonconforming sex workers available.

Mental Health and Transgender or Gender Nonconforming Sex Workers

Little research is present regarding the transgender and gender nonconforming population of sex workers and their access to and utilization of mental health services. Minority populations in the United States experience distress related to mental health and wellness, including stressors such as depression, suicidal ideation, and trauma (Borrayo, 2009; Chang et al., 2019). Sexual minorities statistically experience higher rates of substance use disorders in the United States, as well (Melin et al., 2020). Because of the variables including economy, politics, and societal expectations and barriers, minorities experience fewer resources for increasing mental health and wellness (Borrayo, 2019). The population of transgender sex workers experiences high rates of childhood trauma, victimization, substance use, stigma, external stressors, depression, suicide, feeling

entrapped and defeated, low self-esteem, and housing instability (Baumann et al., 2019; Chang et al., 2019; Gama et al., 2018; Hoffman, 2014).

Transgender sex workers report equally high rates of experiencing traumatic brain injury and head injuries related to violence while working, but little awareness of the impact of traumatic brain injury or associated treatment options (Baumann et al., 2019). Transgender people experience more discrimination on various levels, including interpersonal, systemic, and institutional levels, than that of cisgender people (Nadal et al., 2014). Cortez et al (2011) found that transgender sex workers are presented with less conventional job opportunities and higher harm avoidance and levels of depression than male cisgender sex workers. Transgender sex workers also report higher levels of income and more frequently live in hostels with peers than cisgender male sex workers (Cortez et al., 2011). Mental health services are necessary for increased health and wellbeing across the population of transgender and gender nonconforming sex workers.

Culturally appropriate mental health services are a necessity for providing care centered on transgender sex workers. Further study of gender identification as a factor when creating policy changes and developing prevention and health programs, including evidence based mental health programs due to varying personality traits and depression levels, is necessary (Cortez et al., 2011). Transgender sex workers will benefit from increased advocacy and education regarding healthy behaviors to improve their quality of life (Nadal et al., 2014). Specific attention to cultural factors, including gender and racial identity, as well as interventions focusing on social and physical wellness to decrease vulnerability to various personal and systemic harms. is critical for working with

transgender sex workers due to vulnerability factors related to discrimination and success (Nemoto et al., 2011; Sausa et al., 2007). Interventions to reduce barriers related to socioeconomic wellbeing and relationships will benefit transgender sex workers in a clinical setting (Gama et al., 2018).

During the COVID-19 pandemic, social distancing and other health related measures created more barriers for vulnerable populations, specifically transgender and gender nonconforming individuals (Melin et al., 2020). Because of the preexisting stigma and reduced availability of resources, the additional pressures of pandemic culture increased risk factors and decreased availability of the minimal resources for transgender and gender nonconforming individuals, including limited outreach and training opportunities for providers (Melin et al., 2020). The current increased need for culturally competent mental health services available to the population of transgender and gender nonconforming sex workers is evident, which begins with understanding current experiences with mental health workers in provider positions.

Transgender Experiences of Mental Health Services

When searching for research specific to transgender sex workers' experiences with mental health services, no publications were found. However, limited research does exist regarding the experiences of transgender individuals engaging with mental health services. The transgender population is widely under researched and underserved in the mental health field, although recent awareness is increasing and the previous practice of diagnosing transgender people with gender identity disorder is decreasing (Benson, 2013; Delaney & McCann, 2021). Because of limited research, little is published regarding

transgender people's experiences engaging in mental health services (Delaney & McCann, 2021). Transgender people experience stigma, exclusion, and discrimination in society and with treatment providers (Pandya & Redcay, 2021). Overall, transgender people report that nonaffirmative experiences and low cultural focused education within providers contribute to a lack of engagement or continued engagement in mental health services (Benson, 2013; Delaney & McCann, 2021; Pandya & Redcay, 2021). There is a critical need for increased affirmative policies and practices to increase respect and inclusivity for transgender individuals seeking mental health services (Benson, 2013; Delaney & McCann, 2021).

Mental Health Care Providers' Experiences and Attitudes Regarding Sex Workers and Gender Minorities

Little research is currently published regarding the experiences and attitudes of mental health workers providing services to transgender or gender nonconforming individuals, sex workers, or transgender or gender nonconforming sex workers. More literature is published regarding mental health providers' experiences, perceptions, attitudes, and competencies about transgender and gender nonconforming individuals than about sex workers.

Overall, mental health professionals are aware of the societal binary genders, male and female, and their expected characteristics, and have progressed to reducing stigma by no longer pathologizing differing gender identifications, such as transgender (Brown et al, 2018; Wiseman & Davidson, 2012; Vann et al, 2021). Mental health professionals identifying as transgender or gender nonconforming, longer time spent

practicing in the field of mental health, or extensive training have higher rates of acceptance and approval of clients identifying as transgender or gender nonconforming (Dispenza & O'Hara, 2016; Obasi et al, 2022). Additionally, mental health professionals with lower perceived self-efficacy are less comfortable providing treatment for gender minorities (Wanzer et al, 2021). Alternatively, researchers indicate discrimination, negative stigma, including sexist attitudes, noticeable disapproval, and self-reported discomfort toward gender minorities still exist among some mental health professionals (Brown et al, 2018; Mizock et al, 2017; Nimbi et al, 2020; Powell & Cochran, 2021). In some instances, reparative or conversion therapy is still practiced despite denunciation by reigning mental health organizations (Powell & Cochran, 2021).

According to Riggs & Scion (2017), cisgender male mental health professionals experience more negative or less positive attitudes toward transgender individuals than their cisgender female counterparts. Negative attitudes toward transgender individuals are attributed, in part, to traditional beliefs about binary genders and religious belief systems (Brown et al, 2018; Riggs & Bartholomaeus, 2016; Riggs & Scion, 2017). Gender binarism is often a product of cisgender based belief systems, causing harm in a therapeutic relationship between a counselor and transgender client (Wanzer et al, 2021).

Many mental health professionals seek further knowledge and competency while identifying that training and education are available regarding gender minorities, including transgender and gender nonconforming individuals (Kilicaslan & Petrakis, 2019; Obasi et al, 2022; Pepping et al, 2018; Wiseman & Davidson, 2012; Vann et al, 2021). Increased knowledge of affirmative techniques and increased awareness of

cultural needs reduce negative attitudes toward gender minorities in mental health practice (Mizock et al, 2017; Obasi et al, 2022; Pepping et al, 2018; Powell & Cochran, 2021; Rutherford et al, 2012; Vann et al, 2021).

Mental health professionals report little training and education regarding cultural competencies with gender minorities prior to seeking the training themselves but also report increased affirming perspectives once completing additional focused education (Wanzer et al, 2021). In the mental health profession, leaders, supervisors, and educators, and especially individual clinicians, are responsible for increasing awareness of the population through culturally competent training and education (Kilicaslan & Petrakis, 2019; Wanzer et al, 2021). Training regarding sexism, prejudice due to sexuality and gender identification, and alternative positive attitudes increase positive attitudes toward gender minorities (Nimbi et al, 2020; Powell & Cochran, 2021).

Sex workers are excluded from various health services due to the perception of their deviant lifestyles and identities (Samudzi & Mannell, 2016). Frontline workers, or people working in service positions in legal or law enforcement, medical, nonprofit, foster care, and social service careers, are limited in education regarding human trafficking and exploitation, indicating a need to increase site specific policies addressing antitrafficking work and nuances (Schwarz et al., 2020). Trafficked persons access healthcare despite the lack of extensively trained professionals and lack of professionals reporting confidence in their efficacy with the population (Nordstrom, 2022; Schwarz et al., 2020). Ongoing education for multidisciplinary providers and awareness activities are critical to reducing knowledge decline in the treatment of trafficked persons (Nordstrom,

2022; Schwarts et al., 2020). The experiences of mental health workers providing services to nonidentified gendered sex workers identify the lack of confidence in competence working with the population.

Organizations treating sex workers and trafficked humans may practice abolitionism, or the process of advocating for abolishing the sex trade, encouraging services for those identifying as victims, and increasing criminalization of sex work and fines charged to those participating as a sex worker or client (Anasti, 2018). Alternatively, advocates exist for decriminalizing sex work altogether for all parties involved with an overriding acceptance of sex work as a legitimate labor source as it is believed that sex work is not a problematic behavior, but that barriers exist due to criminalization (Anasti, 2018). While both groups advocate for alternative perspectives and solutions, both participate in collaboration with nonprofit organizations for human service work to provide outreach and engage sex workers with education and resources specifically geared toward their specific view of a solution to barriers (Anasti, 2018).

Few nonprofit organizations support abolitionist movements at this time and question the logic of complete abolishment due to the potential to increase the criminalization of behavior, the nonsupport of harm reduction techniques with people engaging in sex work, and an increase in training conducted by groups supporting decriminalization of sex work (Anasti, 2018). Despite private interviews indicating support for the decriminalization of sex work, organizations overall are hesitant to publicly make statements advocating for decriminalization only, possibly due to the association with human services organizations historically supporting abolitionist ideals

(Anasti, 2018). The policies and perceptions of sex work and criminality influence providers of mental health services when working with the population.

The stigma and discrimination experienced by sex workers create a higher potential for barriers to seeking mental health treatment (Rayson & Alba, 2019). Rape myths, a commonly held misperception of origin for sex work, are representative of cultural beliefs, prejudices, and stereotypes regarding rape, perpetrators of rape, and victims of rape, which support and perpetuate violence from males against females, such as the belief that rapes were provoked or deserved (Litam, 2018). Similarly, human trafficking myths perpetuate similar stereotypical beliefs that women are deserving of being trafficked or provoked perpetrators in some way (Litam, 2018). Mental health professionals lack adequate training and skills for working with sex trafficking survivors and appropriate attitudes and empathy will increase the understanding of the population and understanding of rape myths (Litam, 2018).

Sex workers reporting higher rates of perceived discrimination and devaluation are less likely to engage in seeking help from psychiatrists. and sex workers reporting previous experiences of stigma and discrimination from mental health professionals are less likely to seek future mental health treatment (Rayson & Alba, 2019). Counselors must demonstrate empathy and unconditional positive regard to develop the therapeutic relationship with sex workers, which is often neglected due to lack of training and supervision, while discontinuing discrimination and stigma (Litam, 2018; Rayson & Alba, 2019) Providing unbiased and culturally appropriate mental health services is critical to engagement and achievement of goals within the population.

Stigma Perceived by Sex Workers in the Community, Legal System, and Health Care

Stigma and preconceived ideas occur regarding sex workers and the sex trade industry. Stigma, defined as an interpretive process that discredits the stigmatized group, occurring both individually and structurally, results in the loss and destruction of important concepts, such as jobs, relationships, status, health, and money (Zarhin & Fox, 2017). Stigma often leads to recurrent disappointment due to the continued losses caused by the experience, which leads to altered cognitive expectations (Zarhin & Fox, 2017). Vulnerable groups are negatively impacted by stigma, with prolonged consequences (Oselin, 2018). Because of the illegal nature of the sex trade industry, sex workers often experience stigma and bias (Oselin, 2018; Zarhin & Fox, 2017).

The stigma experienced by marginalized groups impacts health, behavior, and overall wellbeing (Benoit et al., 2018; Oselin, 2018; Zarhin & Fox, 2017). The stigma placed upon marginalized populations creates a lesser quality of life and reduces healthy social interactions, reaching to include those interacting with the marginalized population through an associated stigma (Benoit et al., 2018). Sex workers specifically experience stigma with a wide impact, including a label of social deviancy resulting in a denial of the same social rights as others not belonging to the population (Benoit et al., 2018). Stigmas attached to sex work also include homophobic and transphobic assumptions, indicating multiple socially unaccepted labels attached to sex workers (Benoit et al., 2018).

The various stigmas regarding sex work result in a common theme of internalizing social negativity, which leads to accepting violence, discrimination, and a

lack of engagement in social and healthcare resources (Benoit et al., 2018). Sources of stigma toward sex workers at a macro level include media, laws, policies, and regulations (Benoit et al., 2018). At a meso level, stigma originates from institutions, such as the justice system and the healthcare system (Benoit et al., 2018). Stigma stems from micro level sources including communities and sex workers themselves (Benoit et al., 2018). Because of the legal stipulations placed on sex work, stigma continues and portrays sex work and sex workers as abnormal and banned from typical society (Aalbers & Deinema, 2012).

Stigma toward sex workers within the legal system is widespread. While law enforcement officers working specifically to reduce the sex trade report an overall positive attitude toward sex workers, they also express an alternative viewpoint that sex workers are a public health concern due to the lack of self-report of health problems disclosed to clients with the potential to spread diseases (Baker, 2005). Societal views of sex work include negative perceptions regarding dual roles. Along with the neglect of dual roles as a sex worker, such as a dual role of a parent, sex workers are often faced with physical and emotional risk, as well as negative stigma from the community (Dodsworth, 2014). The negative stigma related to sex workers contrasts with the societal view of a maternal figure, creating possible issues with identity and acceptance among mothers who are sex workers (Dodsworth, 2014). The impact of biases and stigma reduces personal self-worth and diminishes role identity beyond that of a sex worker. Reframing sex work stigma will reduce widespread negative impact and barriers through

the dissemination of information and education (Baker, 2005; Benoit et al., 2018; Dodsworth, 2014; Oselin, 2018; Zarhin & Fox, 2017).

Sex workers experience various forms of stigma while engaging in sex commerce, including occupational stigma (Benoit et al., 2020). Sex workers report internalizing negative assumptions about sex commerce while accepting the lower social status, controlling access to their information, including disclosure of their occupation, rejecting the negative perception of sex work, apprehension about talking about sexual health, embarrassment of the topic of sex, and reframing sex work personally to provide a positive and empowering attitude about sex commerce (Benoit et al., 2020; Fleming et al., 2015). As with internalized stigma and identity development, internalizing occupational stigma decreases confidence in sex workers who may wish to seek alternative employment.

Perceptions regarding demographic characteristics of sex workers perpetuate stigma in the United States. Little empathy is shown toward people selling sex voluntarily in the United States (Silver et al., 2015). Higher levels of empathy are reported for Eastern European women than U.S. women, with researchers citing a level of denial due to the perceived independence of U.S. women that results in a perception that there are fewer trafficked U.S. women than other nationalities, and negative attitudes toward street level sex workers exist (Silver et al., 2015). Although sex workers report sex work as empowering and lucrative, street level sex work is dangerous due to several factors, including violence, substance use and addiction, exploitation, criminalization, and disease (Silver et al., 2015).

In New Orleans, Louisiana, people recognized as sex workers and charged with sex trade related offenses were required to register as sex offenders until 2012 (Dewey & Germain, 2015). Of the population of people registered as sex offenders due to illegally trading sex for money or goods, a significant number of people identify as African American or transgender sex workers (Dewey & Germain, 2015). Truthful information presented by the media can potentially impact attitudes to lead toward more positive responses to U.S. sex workers because of increased insight and empathy (Silver et al., 2015). Because of a long history in society as people transgressing the law and participating in morally questionable behavior, stigma and specific attitudes continue to permeate perceptions of sex workers in society.

Attitudes and Experiences Regarding Transgender or Gender Nonconforming Sex Workers

As a subpopulation of sex workers, transgender and gender nonconforming people engaging in sex work not only survive under the stigma and attitudes regarding cisgender sex workers but also under perceptions based on gender identification. Transgender women report experiences of stigma, violence, discrimination, social isolation, and suicidality (Gomes de Jesus et al., 2020). Barriers to accessing sexual healthcare services for transgender and male sex workers include stigma as a primary barrier, including specific stigma regarding gender identity, sexuality, the status of HIV, internalized stigma, and stigma regarding participation in sex work (Brooksfield et al, 2019). Healthcare workers' perceptions and responses to transgender and gender nonconforming sex workers impact access to care by the population.

Perceptions within the community impact daily living and access to health care services, as well. Transgender women not only experience stigma and discrimination due to gender identity but are often mislabeled with binary sex categories, specifically viewed as men who have sex with men (Gibson et al., 2016). Both cisgender and transgender sex workers report experiencing criminalization and stigmatization by community members and law enforcement, despite the implementation of routines to protect sex workers while targeting clients (Krüsi, 2016). Transgender women experience higher rates of violence, stigma, and stressors, which contribute to increased mental health symptoms, including depression, low self-esteem, and suicide (Ganju & Saggurti, 2017; Picos et al., 2018).

Exposure to increased violence and stigma impacts increased social barriers, including within the realms of housing, employment, and discrimination (Ganju & Saggurti, 2017). Transgender sex workers experience increased risk factors in various domains. The experiences of violence and stigma resulting in increased socioeconomic barriers for transgender sex workers increase internalized stigma and mental health symptoms, including low self-efficacy and high social distress (Ganju & Saggurti, 2017). Transgender sex workers also report experiencing a lack of support from their communities, discrimination in healthcare, harassment by law enforcement, and high exposure to unprotected sex and HIV (Ganju & Saggurti, 2017).

Samduzi and Mannell (2016) suggest that sex workers internalize socially imposed identities, which lead to exclusion from public and private spaces, due to the perception of their lifestyle as deviant. Transgender female sex workers are more likely to express their identities using positive and empowered discourse while male cisgender sex

workers express shame and stigma regarding their identities (Samduzi & Mannell, 2016). Due to the increased levels of stigma and discrimination, transgender female sex workers benefit from more support from social circles and family members (Milner et al., 2019). Overall, healthcare is considered accessible but does not meet specific needs of transgender female sex workers and does not include gender affirming views from all providers (Gibson et al., 2016). The fear of stigma promotes the secrecy of sex work due to avoidance of social exclusion and barriers integrating into relationships, leading to increased loneliness (Picos et al., 2018). Other barriers include various physical risks, financial issues, lack of social and familial support, and complex trauma (Leone, 2019). While protective factors exist, internalized stigma and community response to transgender sex workers negatively impact overall wellness.

The purpose of this qualitative study was to explore the meaning of cisgender counselor experiences of providing services to transgender and gender nonconforming sex workers in the United States. The proposed research was qualitative in nature due to the purpose of exploring the meaning of cisgender mental health workers' experiences providing services to transgender and gender nonconforming voluntary sex workers in the United States, which occurred using semistructured interviews and purposive sampling to understand the experiences of mental health workers who have worked with the population. Following Moustakas (1990) and the heuristic design method of analyzing my own experiences as a member of the observed population, I included my own personal responses and experiences as a counselor working with clients choosing to participate in sex work in the United States and identifying as transgender or gender

nonconforming as a source of data and discussion regarding cisgender counselor perceptions of transgender or gender nonconforming sex workers.

There are few studies published about the sex work population in the U.S., fewer on the population of sex workers identifying as transgender or gender nonconforming, and even less on the dynamics between mental health workers and sex workers. Because counselors and other mental health workers are held to a code of ethical conduct involving multicultural competencies, including an expectation to put aside personal biases and judgments, this topic is sensitive (American Counseling, Association, 2010). Using heuristic inquiry, I used qualitative interviews to identify themes and patterns in mental health workers' experiences with and perceptions of transgender and gender nonconforming sex workers, thus providing insight into possible cultural competencies for implementation in counseling practice.

This study was based on heuristic inquiry as developed by Moustakas (1990). Throughout my study, I identified themes and patterns regarding the experiences of cisgender mental health workers providing services to voluntary transgender or gender nonconforming sex workers after conducting interviews and coding each data source. Moustakas (1990) pioneered heuristic inquiry as a method of qualitative research. Heuristic research provides a method to explore the phenomenon from the participants' viewpoints but also creates an outlet for the researcher's connection and relationship to the phenomenon. The use of heuristic inquiry allows the researcher to discover and explore the essence of an experience while strengthening personal connections to the experience (Moustakas, 1990).

The logical connections between the framework presented and the nature of my study include the use of heuristic inquiry to identify themes in the experiences of licensed mental health professionals. For my research, the participants I sought included independently licensed mental health professionals, including counselors, social workers, psychologists, and marriage and family therapists, and mental health professionals specifically having worked with the forensic population of transgender or gender nonconforming individuals voluntarily participating in sex work.

Qualitative researchers seek to describe a gap in research about specific phenomena (Ravitch & Carl, 2016). Each word used in a response to an interview question is rich in meaning and captures a piece of the essence of the experience (Seidman, 2012). Utilizing interviews to assist in exposing the core of the human phenomena explored in qualitative research is a primary tool for qualitative researchers (Jacob & Fergeson, 2012). Synchronous interviews, whether face-to-face, telephonic, or through an online format, are important for immediate responses and authentic answers (Laureate Education, 2017).

To address the research question in this qualitative study, the heuristic inquiry included exploring the meaning of cisgender mental health workers' perceptions of transgender or gender nonconforming sex workers as clients in the United States, which occurred using semistructured interviews and purposive sampling to understand the experiences of counselors who have worked with this population. Qualitative research was appropriate due to the exploration of a phenomenon of experience and could not project quantifiable data at this point in early exploration. Using heuristic inquiry,

qualitative interviews identified themes and patterns in licensed mental health professionals' experiences working with transgender or gender nonconforming individuals who voluntarily participate in sex work, thus providing insight into possible cultural competencies for implementation in mental health practice.

Summary

Few publications are available regarding sex workers in the United States via the search database, APA PsychINFO, and ProQuest. There is no current research on cisgender mental health workers' experiences with providing services to transgender or gender nonconforming sex workers in the United States. I further explored some of the recent, relevant literature to discuss the phenomena. The American Counseling Association's *Code of Ethics* (2014) obligates counselors to maintain multicultural competency in practice throughout Section A and maintains the significance of cultural competencies throughout the entire document. Providing nonbiased and culturally appropriate care is an ethical obligation of counselors, including to the minority population of voluntary sex workers. The specific research problem that was addressed through this study is the need for further exploration of cisgender mental health professionals' perceptions and experiences working with transgender or gender nonconforming voluntary sex workers as a critical link to multicultural counseling.

Chapter 3: Research Method

In this qualitative study, I explored the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States. The research was qualitative due to the purpose of exploring the meaning of cisgender mental health professionals' experiences providing services to transgender and gender nonconforming voluntary sex workers in the United States, which occurred using semistructured interviews and purposive sampling to understand the experiences of mental health professionals who have worked with the population. Phenomenological research is used to immerse and understand a specific population's realistic experiences (Peoples, 2020). Following Moustakas (1990) and the heuristic design method of analyzing my own experiences as a member of the observed population, I included my own experiences and responses as a counselor working with clients choosing to participate in sex work in the United States and identifying as transgender or gender nonconforming during the initial engagement phase while determining the context of the question within society.

In this chapter, I review the research design and rationale, including the research question, the phenomenon of the study, and the research tradition. I include a definition of the role of the researcher, including any relationships involving the participants, potential researcher bias and power relationships, and potential applicable ethical issues and concerns. I discuss the methodology, including participant selection logic, information regarding instrumentation, and the rationale behind researcher developed instrumentation. Regarding methodology, I also discuss the procedures for this pilot

study, as well as procedures for recruitment, participation, and data collection, including the data analysis plan. This chapter also includes a discussion of issues of trustworthiness, including credibility, transferability, dependability, confirmability, and ethical procedures.

Research Design and Rationale

The following research question was a guide for my study: What is the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States?

The research qualitative due to the purpose of exploring the meaning of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States, which occurred using semistructured interviews and purposive sampling to understand the experiences of mental health workers who have worked with the population.

Following Moustakas (1990) and the heuristic design method of analyzing my own experiences as a member of the observed population, I included my experiences as a counselor working with the population during the initial engagement phase while determining the context of the question within society and developing the purpose of the research. Because mental health professionals are held to a code of ethical conduct involving multicultural competencies, including an expectation to put aside personal biases and judgments, this topic is important in identifying potential opportunities for training and education regarding appropriate cultural competencies for counselors and other mental health professionals working with voluntary sex workers (ACA, 2010).

Using heuristic inquiry, I explored qualitative interviews to identify themes and patterns in counselors' experiences with voluntary sex workers, thus providing insight into possible cultural competencies for implementation in counseling practice. The need for further exploration of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States is a critical link to multicultural counseling due to a current gap in the literature supporting knowledge of the experiences, which is needed to implement cultural competencies in mental health professionals' work with the population.

Quantitative research was not considered due to the lack of literature and data available creating meaning of experiences within the population studied, thus I used qualitative research for this study due to qualitative researchers seeking meaning and interpretation from reported experiences (see Patton, 2015). Grounded theory was considered as a qualitative approach to this study, but not chosen as grounded theory researchers seek to determine a theory developed from data whereas phenomenological researchers seek to create meaning from lived experiences, which is aligned with the purpose of my study (see Patton, 2015). Heuristic inquiry is focused on creating meaning with the researcher's experiences considered, including potential biases, while interpreting the data (Peoples, 2020). Because of my experience as a cisgender counselor providing mental health services to sex workers identifying as transgender and gender nonconforming, I used heuristic inquiry for this study as I engaged in creating meaning from other mental health professionals' experiences with the same population.

Role of Researcher

The role of the researcher in heuristic inquiry is integral and must include not only an understanding of the role, but also awareness of any relationships with the population, researcher biases, and relationship power differentials (Moustakas, 1990). In heuristic research, the researcher's self-awareness grows throughout the study. With a predisposed conceptualization of the experiences studied, the heuristic researcher gains insight and awareness while depth and knowledge increase through interviews and immersion into similar experiences of others. While the primary role of the researcher is of an observer immersed in the self-reported experiences, previous participation in the studied experiences is necessary (Moustakas, 1990). With my own experiences as a cisgender counselor providing mental health services to sex workers identifying as transgender and gender nonconforming, I provided the role of researcher observing and immersing myself in the experiences of other cisgender mental health professionals providing services to transgender and gender nonconforming sex workers while I grew awareness and insight into themes identified about my own experiences, as well as the experiences of the participants of the study.

Ethical Issues and Positionality

The population of cisgender mental health professionals providing services to transgender and gender nonconforming sex workers is small in comparison to mental health professionals providing services to less specific minority populations (Benoit et al., 2018). Because of the potentially smaller number of participants, there was a potential that preexisting relationships were present between me and the participants of the study.

While I focused the study on the United States, through my work as a counselor, presenter at population specific conferences, and educator in webinars accessible via the internet, the presence of a relationship may have existed. There was a potential that I worked with colleagues, taught trainees at webinars, or presented to audience members at a conference who engaged in the study. While it was not likely, there was a potential that my previous supervisees engaged in the study as well. I included an informed consent identifying my current role and releasing previous expectations as a supervisor, educator, or work colleague to reduce potential implications with power differentials.

Researcher Bias

As a mental health professional who experienced the phenomenon of study, I used the hermeneutic circle in relation to immersion in the interviews and determining themes by engaging in the initial interview, contemplating the experiences, and immersion while determining themes (see Peoples, 2020). I monitored to ensure that bias did not overshadow realistic data analysis results by exploring and explaining researcher bias in reflexive journaling (see Peoples, 2020).

Conceptual Framework

There are few studies published about the sex work population in the United States, fewer on the population of sex workers identifying as transgender or gender nonconforming, and even less on the dynamics between mental health professionals and sex workers. With the understanding that privilege impacts worldview and experiences, I conceptualized the importance of understanding experiences of cisgender mental health professionals working with the minority subpopulation of transgender or gender

nonconforming sex workers (Conroy, 2013). Using heuristic inquiry, I explored qualitative interviews to identify themes and patterns in mental health professionals' experiences with transgender and gender nonconforming sex workers, thus providing insight into possible cultural competencies for implementation in mental health practice.

Qualitative researchers seek to describe a gap in research about specific phenomena (Ravitch & Carl, 2016). The theories and concepts that ground this study include heuristic inquiry, developed by Moustakas (1990). The researcher engages in phases while conducting the heuristic inquiry (Moustakas, 1990). The initial engagement phase refers to the discovery of the topic, including an understanding of the social context in which the research problem exists. The immersion phase includes a period in which the researcher is focused on the research to gain knowledge and understanding. The incubation phase refers to the stage in which the researcher is removed from the subject of the research, gaining perspective and growth from the removal period. Illumination is the phase in which themes and qualities emerge. Explication and culmination are the final two stages, resulting in a creative synthesis and presentation of conclusions from the immersive research (Moustakas, 1990).

Moustakas (1990) pioneered heuristic inquiry as a method of qualitative research. Heuristic research provides a method to explore the phenomenon from the participants' viewpoints but also creates an outlet for the researcher's connection and relationship to the phenomenon. The use of heuristic inquiry allows the researcher to discover and explore the essence of an experience while strengthening personal connections to the experience (Moustakas, 1990). Each word used in a response to an interview question is

rich in meaning and captures a piece of the essence of the experience (Seidman, 2012). Using interviews to assist in exposing the core of the human phenomena explored in qualitative research is a primary tool for qualitative researchers (Jacob & Fergeson, 2012). Synchronous interviews, whether face-to-face, telephonic, or through an online format, are important for immediate responses and authentic answers (Laureate Education, 2017). Gathering rich experiences from synchronous interviews is aligned with heuristic research.

The researcher's experience is considered while completing the analysis of the individual and group material for synthesis and allows deep, personal meaning to form from the original experiences and synthesis of data (Moustakas, 1990). Heuristic inquiry requires immersion into data and incubation to allow themes, patterns, and the essence of the data to culminate into conclusive results. After immersion and incubation, illumination occurs, or the period in which the researcher synthesizes data and personal experiences to determine the essence of each participant's experience and a synthesis of all experiences. The result of the process is creative synthesis (Moustakas, 1990). Throughout my study, I identified themes and patterns regarding the experiences of cisgender mental health workers providing services to voluntary transgender or gender nonconforming sex workers after conducting interviews via video conference, coding each data source, and immersion into the data to fully understand the experience. While conducting the interviews and identifying themes, I journaled to document my thoughts, biases, and experiences to understand the growth that occurred within my own experiences and understanding as the study progressed.

Participation Selection Logic

For my research, the participants I sought were mental health professionals independently licensed in the state in which they work, including counselors, social workers, psychologists, and marriage and family therapists. The participants were mental health professionals identifying as cisgender and must currently work or previously have provided services to the forensic population of transgender or gender nonconforming individuals voluntarily participating in sex work. Participants were over the age of 18 years old with a completed master's degree and state identified licensure as a mental health professional. Mental health professionals must have lived in the United States.

Sampling Method

For this study, I used purposive sampling to recruit specific participants meeting the listed criteria. Participants were recruited via email outreach on mental health listservs, recognized agencies employing potential participants meeting the listed criteria, and mental health professional organizations dedicated to service to sex workers. After responding with interest to outreach, participants self-reported meeting the basic criteria, including identifying as cisgender, licensed mental health professional, previous or current work with transgender or gender nonconforming sex workers, and over the age of 18 years old, before establishing a time and date for the semistructured interview. Sampling continued until saturation occurred with potentially between six and 15 participants (see Peoples, 2020).

With heuristic inquiry, all data is collected from one participant, then the researcher becomes immersed in the material until the experience is completely

understood, time is taken away from the material to allow for a refreshed perspective of the material, the experience is reviewed with the participant for clarity and confirmation of the experience, and then the process is repeated with each participant (Moustakas, 1990). The individual experiences are collected, and the immersion process begins again with the perspective of the group of experiences instead of each individual. Common qualities and themes are depicted from the material to identify core meanings. The last step in heuristic inquiry is to create a synthesis of the experiences depicted in the material (Moustakas, 1990). The semistructured interview occurs, followed by returning to the participant for confirmation of the transcript and themes identified, with the potential for a second follow up interview to clarify, and immersion takes place (Peoples, 2020). During recruitment and informed consent, participants will be informed of the interview process.

Instrumentation

The instrumentation included three data sources to reach triangulation. Triangulation is the use of multiple data collection methods to provide greater validity while demonstrating the complexities of the research question and phenomenon (Ravitch & Carl, 2016). The purpose of the demographic questionnaire was to provide an additional self-reported conceptualization of social and personal identities aside from the responses provided in the interview (Ravitch & Carl, 2016). To establish triangulation, I included a demographic questionnaire for all participants to gather information including age, gender, ethnicity, education level and license status, employment status, location,

marital status, and household income level. The Demographic Questionnaire is in Appendix C.

I conducted open-ended and semistructured interviews with licensed mental health professionals identifying as cisgender working with or previously working with voluntary sex workers in the United States identifying as transgender or gender nonconforming. Interviews in the form of dialogues are most effective and most congruent with the ideology behind heuristic inquiry, and when using interview guides, open-ended questions are most appropriate when formatting the guide (Moustakas, 1990). The interview guide was semistructured with the possibility of a follow up interview, with questions structured based on individual gaps in information (Peoples, 2020). The interview guide for this study is in Appendix B for review. Once the initial semistructured interview was complete, each participant received debriefing and resources for support if needed due to the potentially triggering content of the experience discussed. Each participant also knew that a second follow up unstructured interview may have occurred to clarify topics and responses. Each participant also knew that they would be contacted to confirm the transcript and themes determined from the interview process.

I continued to reflexive journal throughout the study to monitor and acknowledge my thoughts, biases, experiences, and growth explicitly (Peoples, 2020). In heuristic inquiry, the researcher must include autobiographical information because the research question matters both personally and socially (Moustakas, 1990). The researcher's self-discoveries, awareness, and understanding, including recognition of thoughts, biases, experiences, and growth, lend to insight toward the research question and meaning in the

social context (Moustakas, 1990). Knowledge about the phenomenon occurs in conjunction with increased understanding of the human experience, which is outlined through the reflexive journal as the researcher examines self in the context of the phenomenon in question (Moustakas, 1990). While discovering and disclosing my own thoughts, experiences, biases, and growth, I gained a greater ability to facilitate similar disclosure from participants (Moustakas, 1990). Through reflexive journaling, I also provided triangulation through developing a personal understanding of my experiences and responses to the initial phenomenon as well as the development as I was immersed in the participants' experiences of the phenomenon (Ravitch & Carl, 2016).

Data Analysis Plan

For the research, I incubated with the research problem and question before creating an interview guide. Interviews occurred via a video call, with a recordable platform, specifically Zoom, to provide visual observation while dialogue took place in a quiet, private area. Due to the participants living in various areas across the country, video recorded interviews allowed for more accessibility.

Once the material was collected, I immersed into each individual experience before incubating and returning to the material as a group. I then synthesized the data and identified core themes and qualities, which I reviewed with participants to confirm conclusions, completing the process of explication. The study is replicable throughout different populations working with transgender and gender nonconforming sex workers and within various environments. A semistructured interview guide is available for use in replication. Software was not used for data analysis as the use of computer generated

themes further removes the researcher from the immersion and explication process, which is not in alignment with heuristic inquiry (Peoples, 2020). Transcription occurred using software, specifically Sonix, using secure artificial intelligence to increase confidentiality, but coding and identification of themes occurred by the researcher alone during the hermeneutic circle to maintain the essence of the experience (Peoples, 2020).

Issues of Trustworthiness

Ethical concerns exist in research. Section G.1.a of the American Counseling Association's *Code of Ethics* (2014) indicates a need for responsibility in maintaining ethical conduct during research conducted by counselors. The most limitations come from researcher bias, which I monitored through journaling and discussion with my dissertation committee. Validity and reliability were monitored throughout this study through several methods.

Credibility

Triangulation is the process of using a variety of methods to collect data and different sources of information (Peoples, 2020). For purposes of triangulation, I collected demographic data, conducted semistructured and follow up interviews, if necessary, and maintained an ongoing journal of my own biases and experiences. In the manner of member checking, participants reviewed and confirmed the accuracy of the transcripts and themes identified, verifying the transcript while the themes remained consistent with data analysis (Peoples, 2020).

Confirmability

I provided trustworthiness through an explanation of researcher bias, including a journal demonstrating my personal biases throughout the interview and explication process. By explaining researcher bias, I monitored to ensure that bias did not overshadow realistic data analysis results (Peoples, 2020). As the researcher, I had access to the transcripts collected. My dissertation committee also accessed as needed to confirm and monitor for bias, as well.

Transferability and Dependability

Although the research applied to a specific population, I made available research materials for replication, according to Section G.4.e of the American Counseling Association's *Code of Ethics* (2014). The research method is repeatable, although results will vary depending on the experiences of mental health professionals responding. While the interview guide is written to specifically address the experiences of licensed mental health professionals providing counseling to transgender and gender nonconforming sex workers, there is potential to edit the questions and prompts to address differing populations working with transgender and gender nonconforming sex workers.

Ethical Procedures

There was a potential that the research resulted in unfavorable results, potentially indicating a lack of cultural awareness or proving that cultural awareness existed, rendering results that do not indicate further need for training and education. Despite potential unfavorable results, I reported all results accurately according to Section G.4.b (American Counseling Association, 2014). Recruitment occurred via online engagement

and was voluntary. Confidentiality was addressed in the informed consent, acknowledging that all details and experiences disclosed will remain confidential. Participant information was unidentified to ensure confidentiality is continued, with codes given to each data set instead of actual names. As previously stated, there was a potential that I worked with colleagues, taught trainees at webinars, or presented to audience members at a conference who engage in the study. While less likely, there was a potential that my previous supervisees engaged in the study as well. I included a signed informed consent identifying my current role and releasing previous expectations as a supervisor, educator, or work colleague to reduce potential implications with power differentials.

Summary

In this chapter, I reviewed the research design and rationale, including the research problem, the phenomenon of the study, and the research tradition. I included a definition of the role of the researcher, including any relationships involving the participants, potential researcher bias and power relationships, and potential applicable ethical issues and concerns. I discussed the methodology, including participant selection logic, information regarding instrumentation, and the rationale behind researcher developed instrumentation. Regarding methodology, I also discussed the research procedures for this study, as well as procedures for recruitment, participation, and data collection, including the data analysis plan. This chapter also included a discussion of issues of trustworthiness and ethical procedures.

Chapter 4: Results

The purpose of this qualitative study was to explore the meaning of cisgender mental health professionals' experiences while providing services to transgender or gender nonconforming sex workers. This included identifying themes for potential education, training, and supervision topics to increase cultural competency when providing services to the population. The research question was, "What is the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States?" The need for further exploration of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States is a critical link to multicultural mental health practice due to a current gap in the literature supporting knowledge of these experiences.

In this chapter, I review the setting of this study, including conditions that may have influenced participants, demographics of participants, data collection method and considerations, the data analysis process and raw data, evidence of trustworthiness, and the results of the analysis.

Setting

I conducted open-ended, semistructured interviews with licensed mental health professionals identifying as cisgender working with or previously working with voluntary sex workers in the United States identifying as transgender or gender nonconforming. Interviews were conducted through an online platform, Zoom, and audio recorded to maintain confidentiality but recording for transcription and data analysis. I conducted all

interviews from Kentucky, engaging with participants online in the states of Kentucky, Ohio, and Washington.

One participant resides in a state where more resources and social justice movements exist for trafficked individuals and voluntary sex workers than the participants from the other two states. The cultural difference in visibility, awareness, acceptance, and knowledge of resources in the state may have impacted responses from this participant that were not as prevalent in themes identified from those in states located in other areas of the United States.

Of the six participants, five identified as providing services to clients with mental health and substance use diagnoses, specifying the work with cooccurring disorders. Of the six participants, one participant was actively providing services to transgender or gender nonconforming sex workers, with the rest of the participants historically providing services to the population. Four of the six participants were actively providing services to adults, one was providing services to adolescents, and one did not actively provide services to clients due to their current role. Professional experiences with specific symptomology and populations may impact perception or experience with different populations, including the population of transgender or gender nonconforming sex workers.

Each of the six participants reviewed brief personal histories, specifically discussing the impact of their culture of origin on their experiences working with the specified population. All six participants discussed having originated from conservative cultures with limited diversification and binary understanding of gender and sexuality.

Demographics

Participants were self-identified as mental health professionals independently licensed in the state in which they work, including counselors and social workers. Additionally, the participants were mental health professionals identifying as cisgender and currently or previously providing clinical services to the population of transgender or gender nonconforming individuals voluntarily participating in sex work. Participants were over the age of 18 years old with a completed master's degree and obtained state identified licensure as a mental health professional. The participants all lived in the United States. Every participant identified English as their primary language and identified as being employed in a full time capacity.

Participants

Collected demographic information about the six participants is included in Table 1. Participants self-disclosed the information, which I assumed was accurate. Documentation or proof of the demographic information was not required so although unlikely, it is possible some information is not accurate.

Table 1

Participants' Demographic Data

Participant	Age	Residency	Race/ethnicity	Gender	Sexual orientation	Marital status	Highest level of education	Licensure
P1	31-40	Washington	Caucasian	Female/cisgender	Prefer not to respond	Prefer not to respond	Master's	LPCC
P2	41 or Older	Ohio	Caucasian	Female/cisgender	Heterosexual	Married or domestic partnership	Doctoral	LPCC-S
P3	41 or Older	Ohio	Caucasian	Female/cisgender	Heterosexual	Married or domestic partnership	Master's	LPCC
P4	31-40	Kentucky	Caucasian	Female/cisgender	Heterosexual	Divorced	Master's	LSW
P5	41 or older	Ohio	Caucasian	Female/cisgender	Homosexual	Married or domestic partnership	Doctoral	LPCC-S
P6	31-40	Ohio	Caucasian	Female/cisgender	Heterosexual	Single, never married	Master's	LSW

Data Collection

I collected data from six participants via open-ended, semistructured interviews using heuristic inquiry. Interviews occurred virtually, specifically using Zoom software for videoconferencing. Although videoconferencing was used for the interview, only audio was recorded for each participant, using a standard electronic voice recorder. Demographic questionnaires were completed independently by participants before engagement in virtual interviews. Participants were located in their state of residence, including Washington, Ohio, and Kentucky. Each participant was interviewed only once. Interviews varied in length, with Participant 1 at 31 minutes and 31 seconds, Participant 2 at 14 minutes and 20 seconds, Participant 3 at 16 minutes and 5 seconds, Participant 4 at 22 minutes and 56 seconds, Participant 5 at 12 minutes and 28 seconds, and Participant 6 at 14 minutes and 5 seconds.

I recorded interviews using a standard electronic voice recorder during each video conference call. Interview recordings were uploaded and transcribed using Sonix, a secure artificial intelligence-based transcription service. I completed the coding and identification of themes manually, recording the results in a Microsoft Excel sheet. I sent demographic surveys via email to participants after informed consent was received, and the surveys were returned via email using Adobe Acrobat PDF.

After the material was collected, I immersed myself in each individual experience before incubating and returning to the material as a group. I then synthesized the data and identified core themes and qualities, which I reviewed with participants to confirm conclusions, completing the process of explication. No variations to data collection from

the original data analysis plan occurred. There were no unusual circumstances encountered during data collection.

Data Analysis

The purpose of the research was to explore the meaning of cisgender mental health professionals' experiences of providing services to transgender and gender nonconforming sex workers in the United States. I used semistructured interviews and purposive sampling to understand the experiences of mental health workers who have worked with the population. Heuristic research provides a method to explore the phenomenon from the participants' viewpoints but also creates an outlet for the researcher's connection and relationship to the phenomenon (Moustakas, 1990). Because of the heuristic design method, I analyzed my own experiences as a member of the observed population, including my experiences as a counselor working with the population during the initial engagement phase while determining the context of the question within society and developing the purpose of the research (Moustakas, 1990).

Using heuristic inquiry, I explored qualitative interviews, identifying themes and patterns in counselors' experiences with voluntary sex workers. After conducting and transcribing the interviews, I read and confirmed the accuracy of the transcriptions. Within the framework of heuristic inquiry, I considered my own experiences while completing an analysis of the individual and group material during the synthesis phase, allowing an opportunity to gain deeper personal meaning while synthesizing the data (see Moustakas, 1990). Heuristic inquiry requires immersion into data and incubation to allow themes, patterns, and the essence of the data to culminate into conclusive results

(Moustakas, 1990). During the immersion phase, I reviewed the transcripts and recordings to gain insight into the experiences of the individual and group data. After immersion and incubation, illumination occurred, or the period in which the researcher synthesizes data and personal experiences to determine the essence of each participant's experience and a synthesis of all experiences (see Moustakas, 1990). Once I completed the immersion phase, I synthesized the individual experiences, viewing the synthesized data through a lens of a member of the interviewed population, and determined the essence of the participants' experiences through identifying codes, categories, and overarching themes. Through the heuristic study, I identified themes and subthemes regarding the experiences of cisgender mental health workers providing services to voluntary transgender or gender nonconforming sex workers.

Specific codes, categories, themes, and subthemes emerged from the data collected while exploring the experiences of cisgender mental health workers providing services to voluntary transgender or gender nonconforming sex workers. I identified codes by labeling important experiences described by participants, then I grouped codes into categories based on similar concepts experienced, and further reduction occurred through identifying themes and subthemes from the categories. Themes and subthemes emerged from the identified categories. Themes included counselor history, encompassing subthemes of counselor professional history and counselor personal history. A second theme identified was experiences with clients, encompassing subthemes of client presentation as well as most relevant skills and techniques. A third theme identified was counselor reactions which encompasses counselor concerns,

counselor beliefs and attitudes, counselor emotions, and social justice. A fourth theme identified was growth experiences, encompassing education, challenging work, rewarding work, and shifts in perspective. Throughout the heuristic process, including all phases of the study, there were no discrepant cases identified. If I were to identify discrepant cases during any phase, particularly the explication phase, my plan included appropriately coding the cases and identifying the discrepant codes while discussing themes and subthemes. If identified, I would discuss discrepant cases when discussing results, including the implications of the discrepancies. Despite individual differences, each participant reported experiences cohesive with the synthesized group experience.

Evidence of Trustworthiness

I provided evidence of trustworthiness by demonstrating triangulation through utilizing a reflexive journal, collecting demographic data, and conducting semistructured interviews with the potential for follow-up interviews. The purpose of the reflexive journal was to gain deeper insight into my own experiences and understanding of the phenomenon while also monitoring for researcher bias. Validity and reliability were monitored throughout this study through several methods.

Credibility

For purposes of triangulation, I collected demographic data, conducted semistructured interviews, and maintained an ongoing journal of my own biases and experiences. Follow-up interviews were not needed as participant responses were clearly defined and specific questions or areas of interest were addressed during the initial interviews. In the manner of member checking, participants were given the opportunity to

review and confirm the accuracy of the themes identified. Of the participants who responded to the theme review, none objected to the identified themes.

Confirmability

I demonstrated trustworthiness through an explanation of researcher bias, including a journal demonstrating my personal biases throughout the interview and explication process. By explaining the researcher biases present, I monitored to ensure that bias did not overshadow realistic data analysis results. As the researcher, I was the only person to have access to the transcripts collected. My dissertation committee had access as needed to confirm and monitor for bias, as well. Through reflexive journaling to monitor researcher bias, I identified that I expected participants to respond with a discussion of the need for competencies and training, which was a code identified, although there were other salient themes identified as well.

Transferability and Dependability

Although the proposed research applies to a specific population, I made research materials available for replication, according to Section G.4.e of the ACA's *Code of Ethics* (2014). The research method is repeatable, although results will vary depending on the experiences of mental health professionals responding. While the interview guide is written to specifically address the experiences of licensed mental health professionals providing counseling to transgender and gender nonconforming sex workers, there is potential to edit the questions and prompts to address differing populations working with transgender and gender nonconforming sex workers. The interview guide is included in

Appendix A. I used thick and rich descriptions as a method of establishing trustworthiness.

Results

The purpose of this heuristic study was to explore the meaning of cisgender mental health professionals' experiences while providing services to transgender or gender-nonconforming sex workers. The research question was, "What is the meaning of cisgender mental health professionals' experiences in providing services to transgender or gender nonconforming sex workers in the United States?" Using direct quotes from transcripts, I answered the research question through the identification of themes and subthemes. The themes identified in the semistructured interviews included counselor history, experiences with clients, counselor reactions, and growth experiences.

Theme 1: Counselor History

The theme of *counselor history* arose from the reduction of categories and codes and includes subthemes of professional history and personal history. All participants either currently work with or previously worked with transgender or gender nonconforming sex workers, which was a requirement of participation in the study. Of the six participants, four participants were currently providing services to clients identifying as LGBTQIA+, although not necessarily the transgender and gender nonconforming sex worker population and five of the participants reported providing services to clients with co-occurring substance use and mental health disorders. Two of the six participants report working in a supervisory or training role.

Subtheme 1: Professional History

The subtheme of *professional history* refers to the participants' experiences as professional clinicians, including current and past experiences working in the field. Participant 1 reported, "So, currently I work with a lot of trauma, depression, anxiety, neurodivergence. I work with the queer community, and I also do training… So, I do training in the community on top of working with that population." Participant 4 reported,

> I typically work with substance use disorder clients. I work with mostly adults. I do work with queer people. I do work within the trans-community. I also have extensive experience working with people who have been commercial sex workers, whether they were trafficked or coerced, or whether they were seeking that as an occupation.

Participant 5 reported,

> I've actually worked with several individuals who identify as gender-nonconforming and who worked in the sex work field. Most recently, several of my clients who have substance use disorder were voluntarily working in that field to help support their substance use.

Participant 6 reported, "I work with substance use and mental health…I'm currently working with a client who identifies as transgender, and she is male to female." Although each participant reported varied experiences working as licensed counselors and social workers, they all reported that they worked with transgender sex workers at one point in their careers.

Subtheme 2: Personal History

All but two of the participants also disclosed a history of experiencing limited diversity in their communities during childhood or early adulthood, reporting that they were not exposed to many people who did not identify as cisgender, which impacted their experiences as cisgender counselors providing services to transgender or gender-nonconforming sex workers. Participant 1 reported, “I didn't even know trans- or nonbinary was a thing growing up.” Participant 3 reported,

> It’s just helped me in so many different ways to understand that I'm White and I was raised in a very white family that went to church and my family's way doesn't make it the right way. There's way more out there. And I've learned that and I'm still learning.

Participant 5 reported,

> When coming from a small town, your worldview is very limited. I didn't even know that before. I used to say, like when I was younger, I'm very open minded and I don't judge people for anything. And, you know, I also hadn't been exposed to a lot.

Participant 6 reported,

> I mean, I moved from a predominantly all-White area where there wasn't a lot of cultural diversity to where now it’s pretty culturally diverse. So, I was never like, “Oh, you only have to be around Caucasian people.” But I moved to an area that's extremely culturally diverse with a lot of different types of people. But when I

> came into the field, you know, I don't think I really dealt with a lot of transgender people until I came to this agency.

Theme 2: Experiences with Clients

The theme of *experiences with clients* arose from the reduction of categories and codes, including subthemes of client presentation and most relevant techniques and skills.

Subtheme 1: Client Presentation

Regarding client presentation, participants reported consistent themes of clients experiencing bias, stigma, and judgment in different environments, issues within the criminal justice system and the community, consistency in trauma and mental health diagnoses, and low socioeconomic status, which may limit employment and resource options. Additionally, most participants reported that clients presented with finding the experience of voluntary sex work as empowering.

Participant 1 reported,

> They just had a lot of issues in the criminal justice system with being respected, having their pronouns respected. A lot of them were very shut down and didn't feel safe in group sharing, and stuff like that. And then currently, the people that I work with, there's just a lot of trauma that's just pervasive in the sex work industry, even the legalized parts of sex work still have that...but there's like a high rate of like sexual assault and abuse and it's just part of the day-to-day work atmosphere… And there's just a lot of challenges around keeping safe.

Participant 2 reported,

> Her involvement with voluntary sex work was really just kind of this side hustle, for lack of a better word. She was really kind of economically disadvantaged, and she started an OnlyFans page as a way to kind of fund her daily basic needs and she would talk about it in really high regard. She enjoyed it. She felt really empowered when she was doing it. This was kind of the place where she derived the most sense of personal fulfillment. The personal fulfillment piece and the feeling valuable in an area because she had been really discriminated against in terms of just local on-ground employment for various reasons and also had hardships with getting to work. So, this was something she could do that she felt good about, she enjoyed and wasn't as limited to if she didn't have transportation, she could still do this.

Participant 3 reported,

> A lot of them struggle trying to understand where they fit in the internal struggles that they have.

Participant 4 reported,

> I've worked with trans-women and often trans-women of color who did not see any other job opportunities. And some of the women, it was apparent that they did not want to be doing it. They were under the influence…They're coerced by the circumstances because of poverty.

Participant 5 reported,

> And that was really the only way they knew to support themselves.

Participant 6 reported,

> She still is identified as male in her family. So, we talk a lot about that and kind of what that's been, friends and coworkers and people here at the agency and people outside call her female, but her mother and her siblings and some of her nieces and cousins that are younger still identify with her as male.

Subtheme 2: Most Relevant Techniques and Skills

All six participants identified relevant techniques and skills for providing counseling to the population, including building, and maintaining rapport, both the counselor and client being open, the counselor providing affirming services and building a knowledge of resources. The responses indicated a common occurrence of the importance of unconditional positive regard and suspending judgment in work with the population. Participant 1 reported, "I, as a cisgender person, have had to change my languaging. And I do provide education even to my cisgender clients."

Participant 2 reported,

> Maybe that was my countertransference around it [referring to a client earning money through an OnlyFans account]. But I was always very curious about how that kind of played out and whether she was even aware of any of that possibility for this because she only ever spoke about it in this really, really high regard. She really enjoyed the work and she felt empowered, and it didn't seem relevant at the time. It didn't seem therapeutically relevant for me to even broach the idea that this might be traumatic in some way. I found that interesting.

Participant 3 reported,

> I can hear them, and I can validate their emotions and their feelings, but I can't completely understand it…And it takes respect on both ends.

Participant 4 reported,

> I had to just see them as they were making the best choices that they could, just as everybody else I was working with, were making the best choices that they could.

Participant 5 reported,

> I have educated myself. I have done therapy myself to understand my biases and how that works and just being able to work through that.

Participant 6 reported,

> We have a really good rapport…She's been pretty open and honest with me. And it didn't seem like any embarrassment or any type of like uncomfortability with her talking about that…I treat her as she would like to be treated.

Theme 3: Counselor Reactions

The theme of *counselor reactions* arose from the reduction of categories and codes, including a subtheme of counselor concerns, counselor beliefs and attitudes, counselor emotions, and social justice.

Subtheme 1: Counselor Concerns

All participants except for one expressed concern for the client population. Regarding counselor concerns, the following was stated:

Participant 1 reported,

> When you're engaged in sex work, then, you know you lose protection. So, the people that I've worked with sometimes are put in a place between, “Do I seek

> medical attention and care or do I not? And if I don't, I'm not going to be charged. And if I do, I'm potentially charged."

Participant 2 reported,

> I felt like there were always fresh new challenges or disadvantages popping up related to the voluntary sex work she was doing with her web page where some people would say hurtful things or inevitably people would stumble upon her page or her live video feed that were not supporting or affirming and would be verbally abusive to her. And she would talk about it as if she was just kind of rolling with it. But I wondered what the acute effects and the cumulative effects of those things were over time.

Participant 3 reported,

> Counselors going into it, I think, have to learn they can't have judgment. There are so many people out there that are afraid, right? I tell these students all the time. People fear what they don't understand. And so, I think counselors, unfortunately, sometimes do the same thing. They're afraid because they don't get it. They don't understand. It goes against their beliefs.

Participant 4 reported,

> So, this is all about the rape culture and then the porn culture, and then people thinking that they're safer if they're one step removed online. However, if somebody is a really good hacker, they can find you. And, so, I say to people, "Anything that you put out on the internet, and this isn't something new, anything you put out on the internet is there forever."

Participant 6 reported,

> When this client specifically told me what it was like being placed on an all-male unit and she's identifying as a female, that could be extremely uncomfortable.

Subtheme 2: Counselor Beliefs and Attitudes

Another subtheme identified was counselor beliefs and attitudes. All six participants discussed beliefs and attitudes, stating the following:

Participant 1 reported,

> Even with our languaging, as a cisgender person, calling hormones birth control is singling out trans-people because trans people can't say, "I'm on birth control,' because they'd be like, "What are you what? You can't even get pregnant?"

Participant 2 reported,

> But there were so many systemic pieces in there that I guess I wasn't fully on board with the idea that this was entirely voluntary. Like, would she have chosen to do this if she had something else that was maybe economically more fruitful for her? Like, was it really as voluntary as she felt that it was in the moment, I guess is still my…is a question I have now?

Participant 3 reported,

> Because a lot of times that's what causes the suicide anyway, right? Is that they don't feel like they have a place.

Counselor 4 reported,

> There was a big pity factor and then coming to terms with, as I worked with more people and became more involved in serving the trans-community, to see that that

> isn't always the only option. It may be for many, many people, but it isn't always the only option. And I think I had almost dehumanized them into being like, or adultified them into being children. Like, oh, they don't have any other choices. And you know, it's easy for white people of privilege with education to say, 'Oh, we all have choices.' But I think that many people have shitty choices and that was the best shitty choice that they could make. And I think that with resources they might be able to make a different shitty choice or a less shitty choice.

Participant 5 reported,

> And everybody's just human. We're all just trying to do the best we can.

Subtheme 3: Counselor Emotions

All six participants discussed emotional responses to the population or discovering personal biases and stigma.

Participant 1 reported,

> It takes some getting used to because I don't feel uncomfortable with any of my parts of the body. I feel like it did take some getting used to.

Participant 2 reported,

> Feeling protective, I guess, would be my emotional thought. Like, you know, in thinking about it from the client's point of view, I was always very concerned that she was going to be harmed in some way.

Participant 3 reported,

> And this world is changing. It really is. And I'm hoping, hoping that the new counselors coming up just see the world in a whole different view and a new generation.

Participant 4 reported,

> So, I look at it through that lens that I want everything to be safe and consensual.

Participant 6 reported,

> I think that was difficult because I want her to be able to be comfortable with who she is.

Subtheme 4: Social Justice

Participants 1, 2, 3 and 4 reported believing systemic failure or implicit biases within society impact voluntary transgender or gender nonconforming sex workers or discussed the importance of social change and advocacy for the population. Participant 1 reported, “Like where's the system at there?.... It's a whole systemic issue…It definitely makes me focus more on social justice.”

Participant 2 reported,

> So, I guess that's still it's just made me even more aware of like systemically and kind of the different systems in place that are really just challenging for that population in particular to navigate.

Participant 3 reported,

> I've worked with one particular gay male commercial sex worker who worked in commercial sex to gain drugs, and he was often paid in drugs or paid and then got drugs, but he has male privilege and he's white. He talks about it being a choice

> for him. And I don't think that's because he's a white male. He's gay, but he's a cis-white male. So, even when he talks about his experiences, they come through with a piece of privilege that females or people of color or both don't have.

Participant 4 reported,

> And so I think it's making me look at the whole world more like, what are you doing every day that is not consensual now? Yeah, we all got to go work, I suppose. But is my work making me do something that I don't want to, consent to do unethical things? No. So can I make the best of it? It's work. Yeah, but I don't know how much lack of consent. I think it's just making me look at consent more in the world.

Theme 4: Growth Experiences

The theme of *growth experiences* arose from the reduction of categories and codes, including the subthemes of education, challenging work, rewarding work, and shifts in perspective.

Subtheme 1: Education

All six participants discussed education or training topics they found relevant to working with the population. Participant 1 reported, “Just like understanding all the different pieces, it’s a lot to mentally handle. And then also the other thing is that pronouns are something I suck at.”

Participant 2 reported,

> I just wish that there was more support available to any counselor in that position to kind of carve out how do we support because clearly, we want to empower and

> support people to make independent choices… I would have liked more support or guidance around how to navigate the counter-transference piece because it wasn't that I was judging the client, but it wasn't a choice that I would have made for myself either. And I think that's a space that we all kind of struggle with no matter what population. Like, if it's something that, we genuinely have no judgment around, but it's also something that we wouldn't do for ourselves, isn't there inherently some bias and countertransference in that discrepancy? So, just having more support on how to kind of navigate that space well, and then, of course, having more trained supervisors around this. But we know that that's just not the space we're in.

Participant 3 reported,

> So, I have had to learn vocabulary and I'm not old, but I'm not young. And so, I've also had to train my brain to slow down when I speak, because a lot of times our brain will identify what we see before I can get out the correct pronouns.

Participant 4 reported,

> I love my clients, I really do, and I want everybody to get better. And sometimes I love people a little more. And I think that that's what supervision is for, to make sure I'm not loving them too much. But when I'm looking at somebody that has an intersectionality of four or five or six things happening, I have to be more present to that person and I have to shut my mouth about what I think their choices should be based on my white palette of what my choices were because they don't have the same choices.

Participant 5 reported,

> And because I cannot be an effective therapist if I have my own biases and I was not being an effective therapist to them until I was able to work on myself. So, I think that was probably the most difficult part. It really wasn't anything they were doing. It was me.

Participant 6 reported,

> I think the other thing is not having enough information, like not knowing, the current, any type of information, like if I went in blind or didn't know anything. The other thing is, when I first started working with her and I didn't know, or even back in when I first started in the field and not knowing anything, the clients were the ones who educated me the most, you know? So, this client, in particular, educated me a lot.

Subtheme 2: Challenging Work

Participants were asked to describe challenging and rewarding experiences, and every participant identified specific challenges when working with the population. No participant denied experiencing challenges. Participant 1 reported, “Just helping them navigate the duality of it when I have a difficult time navigating the duality.”

Participant 2 reported,

> I was always very cautious and concerned about where that tipping point might be and when that might venture into making her feel more unstable in terms of her mental health.

Participant 3 reported,

> Your mouth can't work as fast faster than your brain.

Participant 4 reported,

> I just wanted to shake them and say, 'You got other choices.' And again, I think that was me coming from that white liberalism of anybody can do it, you know, and that's not always true. For me, I really had to come to understand, really through motivational interviewing and through narrative therapy, that these are the choices. And I chose this one over this one.

Participant 5 reported,

> It was probably my biases at first and working through that and just being able to work through and like look at myself and realize that them doing sex work did not make them any less than any more than anyone. They were just another human trying to make ends meet.

Participant 6 reported,

> I think pushing I think a little bit too hard, and it's not like I couldn't understand, but I think I push, I potentially could have pushed a little too hard.

Subtheme 3: Rewarding Work

All six participants recognized rewarding aspects of providing services to transgender or gender nonconforming individuals voluntarily participating in sex work.

Participant 1 reported,

> The most rewarding is just the creativity and the expansiveness and just the resiliency. And the resiliency is just huge. The sense of community is huge.

Participant 2 reported,

> When you're working with folks and you come from an affirming place, that in itself is healing. So, just knowing that I was doing something supportive just by being an affirming and supportive, accepting person in her life was helpful. And I guess that kept me feeling like, if nothing else, I'm at least doing that and providing this supportive space.

Participant 3 reported,

> Watching them grow, watching them become confident in who they are. Watching the anxiety and depression lessen because they're learning self-confidence. They're learning that to not allow that internal struggle to define who they are.

Participant 4 reported,

> The rapport, almost instant, that somebody would listen without judgment and, okay, I guess maybe I did have some judgment at the beginning, of my white liberal privilege. But I moved through that pretty quickly. And I think it was just that I would accept that. And again, the trans-commercial sex workers I've worked with, female trans-commercial sex workers have all been people of color so they've got to talk about intersectionality like four or five things going against them, and that I would listen to them and be encouraging and not have judgment and not tell them, "What you're doing is a sin," or, "You need to get out of this right now,' which is, I think, things that they were hearing within their own families or communities, and especially within the black community.

Participant 5 reported,

> Whether it's them continuing to stay in sex work and just getting their therapy and their mental health under control and watching them be able to set boundaries, even when it comes to sex work and being able to stand up for themselves and say, 'Yes, I'm okay with this, but I'm not okay with this,' and being able to do that and set those boundaries and just watch their self-esteem and their confidence and stuff grow, that's probably the most rewarding part of it. And whether that is when they continue to stay in sex work, if that's what they choose to do, or they move on to different avenues of work, definitely the most rewarding part is just watching them work through all that mental health stuff and just build their self-esteem and their confidence back up and learning how to set boundaries, because I think that's just important for everybody.

Participant 6 reported,

> I think building that rapport and being able to actually identify how you're feeling because I don't know what that's like to be with a different gender or sex and feel out of myself.

Subtheme 4: Shifts in Perspective

Each participant experienced shifts in their perspectives regarding transgender or gender nonconforming individuals participating in sex work.

Participant 1 reported,

> The other thing that I've learned is that not every trans-person wants to have surgery. That's one thing that I've learned. And so, asking questions like, 'Well, when are you going to have the surgery?' that could, to some people, sound

> supportive, and yet, it's not because they didn't say that they want to have surgery. Don't assume.

Participant 2 reported,

> I guess my worldview still just really has to do with when it comes to reclaiming things like sexual identity and activities related to that, is it really reclaiming or is it just, "I'm going to be judged for this anyway, so I'm going to do what feels like the path of least resistance or what I want to do?"

Participant 3 reported,

> I have grown a lot. I've learned to listen more. I've learned to slow down how I personally think or feel…But I've learned to appreciate different walks of life.

Participant 4 reported,

> So, for me, I think I've evolved and being able to come together more with them with empathy instead of this hierarchical thing, but I'm not above them. I'm coming together with them. And I think, at first, I probably did feel like I was above them and, "Poor things."

Participant 5 reported,

> The sex work was definitely something that I was more judgmental about than I like to admit. However, after working for several years, hearing lots of stories, doing more trainings, doing more education, I have educated myself. I have done therapy myself to understand my biases and how that works and just being able to work through that. And now, I see it as a job just like anything else. And I know people have to do what they have to do in order to make sure that their needs are

> met, that they can survive, that they can live. And sometimes sex work is what they have to do.

Participant 6 reported,

> They're not different than you, me, or anybody else. They're just doing something very different that we may not agree upon because it's different than the norm, or whatever we think the norm is.

There were no discrepant cases or nonconforming data recognized in the transcripts or during the explication process. If discrepant cases were identified, I planned to appropriately code the cases and identify the discrepant codes while discussing themes and subthemes. If identified, I would discuss discrepant cases when discussing results, including the implications of the discrepancies.

Summary

This heuristic study explored the question, "What is the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States?" The themes identified in the semi-structured interviews included *counselor history, clinical implications, counselor internal responses,* and *counselor growth*. Although each cisgender mental health counselor experienced a unique phenomenon when providing services to transgender and gender nonconforming sex workers, the themes that arose from the experiences were congruent across all six participants.

In this chapter, I discussed the setting in which the study was conducted, evidence of trustworthiness, the demographic data of the participants, data collection methods, and

data analysis. In the next chapter, I will discuss my interpretations of the findings, limitations of the study, recommendations, and implications of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this heuristic study was to explore the meaning of cisgender mental health professionals' experiences while providing services to transgender or gender nonconforming sex workers, identifying themes for potential education, training, and supervision topics to increase cultural competency when providing services to the population. The research question was, "What is the meaning of cisgender mental health professionals' experiences in providing services to transgender and gender nonconforming sex workers in the United States?"

Key findings included the identification of four themes and twelve subthemes. The themes identified in the semi-structured interviews included counselor history, with subthemes of professional history and personal history; experiences with clients, with subthemes of client presentation and most relevant techniques and skills; counselor reactions, with subthemes of counselor concerns, counselor beliefs and attitudes, counselor emotions, and social justice; and growth experiences, with subthemes of education, challenging work, rewarding work, and shifts in perspective.

Interpretation of the Findings

During the initial review of the literature, I observed a lack of research or publication regarding cisgender mental health professionals' experiences while providing services to transgender or gender nonconforming sex workers. With this study, I provide expansion on the heretofore unexplored experiences of mental health professionals providing services to transgender or gender nonconforming clients voluntarily participating in sex work, enhancing the understanding of the essence of the experience

of mental health professionals working with the population. The themes and subthemes identified through exploring the meaning of cisgender mental health professionals' experiences while providing services to transgender or gender nonconforming sex workers demonstrate pathways for future research, including potential education, training, and supervision topics to increase cultural competency when providing services to the population. I interpreted the findings under each theme and subtheme, including my perception based on my experience as a cisgender mental health professional providing services to transgender or gender nonconforming sex workers in conceptualizing the responses, following the heuristic framework.

Counselor History

While the study required participants to have worked with the population of transgender or gender nonconforming sex workers, the semistructured interviews indicated significant factors within the professional and personal histories of each participant concerning the population.

Professional History

The professional history subtheme encompasses the participants' self-reports of current and past work with the client population. All six participants either currently or previously provide substance use disorder treatment, and all six participants also reported experience providing therapy services to the LGBTQIA+ population, not only specifically to transgender or gender nonconforming sex workers. The use of tobacco, alcohol, illicit substance use, problem gambling, and overuse of the internet to escape from reality by female sex workers to cope with stress is documented (Zhang et al.,

2015). The connection between participants in providing substance use treatment and providing services to this population is not surprising, although there is no data to suggest that the two services were provided to the same clients at the same time. Similarly, the professional history of each participant working with the LGBTQIA+ population and with transgender or gender nonconforming sex workers is not surprising, although not necessarily mutually exclusive as the interconnection was not explicitly explored in the interviews.

Personal History

The personal history subtheme encompasses the self-report of the participants identifying aspects of their own lives. An important note is that each participant described having limited diversity and exposure to other cultures in their own culture of origin. In the discussion of personal history, all participants noted experiencing an early history of living in a binary culture, where people only accepted and recognized male and female as gender identification. Negative attitudes toward transgender individuals are attributed, in part, to traditional beliefs about binary genders (Brown et al, 2018; Riggs & Bartholomaeus, 2016; Riggs & Scion, 2017). Gender binarism is often a product of cisgender-based belief systems, which can harm the therapeutic relationship between a counselor and transgender client (Wanzer et al, 2021). While each participant noted their history in binary cultures, they also proceeded to discuss the experience of challenging their original conceptualization of gender and expanding their worldview for increased inclusion and decreased negative perceptions of transgender and gender nonconforming individuals, which ultimately positively impacted the therapeutic alliance. Although not

surprising due to the lack of cultural diversity in the participant pool, it is interesting to note that all participants originate from a binary culture, and all report expanding their worldview and acceptance to acknowledge and respect individuals identifying as transgender and gender nonconforming sex workers. The positive impact of this expansion in worldview through challenging viewpoints developed from privilege on the therapeutic alliance and service provision is not unexpected.

Experiences with Clients

Each participant was required to hold an independent professional mental health license in the state in which they work, including counselors, social workers, psychologists, and marriage and family therapists. The participants were mental health professionals identifying as cisgender who currently or previously have provided services to transgender or gender nonconforming individuals voluntarily participating in sex work. Participants were over the age of 18 years old with a completed master's degree and state-identified licensure as a mental health professional and lived in the United States. Each participant discussed experiences working with the identified population, resulting in subthemes of client presentation and the most relevant techniques and skills.

Client Presentation

All six participants discussed the presentation of their clients during the semistructured interviews. In summary, participants reported that transgender or gender nonconforming sex workers presented with histories of mental illness and substance use. Clients also predominantly were perceived to be open and honest in sessions with

counselors, processing feeling bias and stigma from the community, family members and friends, and clients during sex work or other conventional jobs.

Little research was present regarding the transgender and gender nonconforming population of sex workers and their access to and use of mental health services. Much of the literature review consisted of the general population of voluntary sex workers, not taking into consideration the implications of gender and sexuality. Mental health symptoms experienced by the population include substance use, depression, suicidal ideation, anxiety, posttraumatic stress disorder, and self-harm (Abed et al., 2018; Mo et al., 2018; Nelson & Abikoye, 2019; Picos et al., 2018; Sawicki et al., 2019; Shdaimah & Wiechelt, 2013). Participants in this study reported that transgender sex workers present with trauma experiences, substance use, depression, anxiety, and low self-worth. The participants' reports regarding the presentation of clients are not unexpected as research identifies these specific mental health symptoms as present in sex workers without gender implications (Abed et al., 2018; Mo et al., 2018; Nelson & Abikoye, 2019; Picos et al., 2018; Sawicki et al., 2019; Shdaimah & Wiechelt, 2013). These symptoms are present and potentially more impactful within the population of transgender or gender nonconforming sex workers due to their sexual minority status.

In previous research, sex workers reported participation in the trade due to survival needs and coercion (Shdaimah & Wiechelt, 2013). Overall, sex workers face daily barriers in housing markets and workplaces (Mo et al., 2018; Sawicki et al., 2019). Most participants in this study reported that their clients identifying as transgender or gender nonconforming sex workers reported as working within the trade due to survival

needs, specifically during the COVID-19 pandemic when employment options were limited, as a method of accruing additional funds on top of their conventional employment, or as a primary trade due to the increased revenue they found compared to their previous work history. Because previous research cites survival needs as a motivator for voluntarily engaging in sex work, the reports of transgender and gender nonconforming sex workers engaging voluntarily due to the need for increased financial security within the confines of limited employment opportunities are not unexpected. It is important to note the participants discussed engagement for survival without prompting or leading the discussion, which supports the expanded worldview and increased advocacy experienced by the participants.

Sex workers, not including specific gender implications, experience more choice, feelings of control over their circumstances, and increased satisfaction (Bianchi et al., 2014). Participants in this study reported their clients, voluntary sex workers identifying as transgender or gender nonconforming, typically felt empowered or more powerful because of participating in voluntary sex work. Alternatively, some participants reported clients presenting with feelings of shame and guilt sometimes associated with histories of voluntary sex work. The participants reporting their clients felt empowered through sex work is expected as previous researchers indicated that sex work is empowering when voluntary (Bianchi et al., 2014). However, the participants reporting their clients identifying as transgender or gender nonconforming sex workers presenting with shame and remorse due to engagement in sex work is not aligned with previous research and suggests a more trauma-informed approach is necessary due to the implications that sex

work, even voluntarily, initiates such negative emotions, specifically with the identified client population.

Most Relevant Techniques and Skills

The participants in this study revealed the most relevant techniques and skills when providing mental health services to transgender and gender nonconforming sex workers. Overall, participants emphasized the use of culturally specific language, building and maintaining rapport, practicing openness and affirming behavior, and increasing knowledge of relevant resources. In previous research, mental health professionals were reportedly aware of the societal binary genders and their expected characteristics and have progressed to reducing stigma by no longer pathologizing differing gender identifications, such as transgender (Brown et al, 2018; Wiseman & Davidson, 2012; Vann et al, 2021). Because of the impact of stigma and discrimination in society, counselors must demonstrate empathy and unconditional positive regard to create a therapeutic relationship with sex workers, without implications of gender identification (Litam, 2018; Rayson & Alba, 2019). Participants in this study reported that while working with the population, using affirming language and inclusivity was critical in building trust, rapport, and feelings of safety within the therapeutic alliance. Previous research, as stated above, supports the use of affirming language, reducing stigma and depathologizing gender identification, as implied by this study's participants. Participants also reported that recognition of cultural differences is important in working with the client population, including learning and educating themselves on specific cultural norms. Specific attention to cultural factors, including gender and racial identity, is critical for

working with transgender sex workers due to vulnerability factors related to discrimination and success (Nemoto et al., 2011; Sausa et al., 2007). Participants in this study reported that their clients presented with histories of stigma and bias and that building rapport and remaining open to the clients' experiences and presentations were important in providing a therapeutic space for the clients. Participants in this study also reported that providing accessible therapy modalities and linkage to appropriate community resources, such as if telehealth is appropriate and where local resources are located, were necessary for the success of the client. Interventions to reduce barriers related to socioeconomic well-being and relationships were previously found to benefit transgender sex workers in a clinical setting (Gama et al., 2018). Additionally, participants reported that validating, focusing on resiliency factors, and developing treatment plans based on the expected length of treatment for realistic achievement of goals were important in working with the clients. The identification of cultural competency, rapport building, openness, education, and navigation of resources as necessary tools by the participants in this study is not unexpected and supports the idea that mental health providers are open to training and education regarding diverse cultures.

Counselor Reactions

Counselor reactions is a theme consisting of subthemes including counselor concerns, which describes concerns participants have regarding the client population and discrimination by the mental health field. It also encompasses counselor beliefs and attitudes, specifically regarding a lack of safety for the population and questioning whether sex work is voluntary or is coerced by circumstances; counselor emotions,

including countertransference and initial reactions; and social justice, which explores the systemic failures experienced by the professionals working with the clients.

Counselor Concerns

The subtheme of counselor concerns refers to the participants' resounding concern for client well-being and safety, concern for scope and education for providers in the mental health field, and the real and perceived stigma, bias, and discrimination toward the population by mental health professionals. Experiences and attitudes of providers regarding counseling with sex workers, including the subpopulation of transgender and gender nonconforming sex workers, was not previously explored. Despite a gap in the literature, the population's needs are relevant, and services are underprovided (Ocha & Earth, 2013; Picos et al., 2018; Shdaimah & Wiechelt, 2013). However, researchers have documented that transgender people experience more discrimination on various levels than that of cisgender people (Nadal et al., 2014). Participants in this study reported concern that the general population of counselors and mental health professionals are unaware of appropriate language and competencies when working with the population. Participants generally noted ethical considerations are important, demonstrating the need to avoid discrimination and judgment when working with the population. In a more generalized discussion, participants reported concerns over community and familial discrimination and bias against the client population, noting the potential discrimination and stigma as consequences of working in the sex trade and more complicated by identifying as transgender or gender nonconforming. The concerns identified by the participants are expected because of researchers previously indicating similar concerns

for the separate populations of transgender and gender nonconforming individuals and sex workers. Identifying the importance of reducing discrimination and stigma toward transgender and gender nonconforming sex workers is a critical missing link that could provide further opportunities for education, training, and advocacy to establish safety and wellbeing for the population.

Counselor Beliefs and Attitudes

Counselor beliefs and attitudes as a subtheme corresponds with the participants' general beliefs that there is a lack of safety in all aspects for the client population, that the population experiences ongoing trauma and mental health symptoms, and the idea that sex work is not truly voluntary due to socioeconomic and minority status, as well as the idea that sex work represents transactions and power in relationships. Participants also expressed an authentic interest and openness toward the population. Cortez et al. (2011) found that transgender sex workers are presented with less conventional job opportunities and higher harm avoidance and levels of depression than male cisgender sex workers. This study further supports the idea that transgender or gender nonconforming sex workers experience lower employment opportunities and higher risk of harm than their cisgender counterparts and supports the idea that mental health professionals are aware of and advocate for a reduction in harm for the population. Further, participants in this study reported beliefs regarding the low socioeconomic status and lack of resources that clients present with and how such environments and situations may coerce transgender and gender nonconforming people into voluntarily participating in sex work due to survival needs. Because of not having access to resources or alternative lucrative employment,

participants questioned if the decision to engage in sex work is truly voluntary at this level and if, given other options or opportunities, the clients would choose a different trade. Participants also reported initial thoughts regarding transgender or gender nonconforming sex workers were related to conceptualizing the population as all having trauma leading to the decision to engage in sex work, that the population is a niche or fetishized population, and that lack of privilege impacts the ability for the population to gain less dangerous employment. The beliefs and attitudes of counselors regarding a lack of safety in all aspects for the client population, that the population experiences ongoing trauma and mental health symptoms, and the idea that sex work is not truly voluntary due to socioeconomic and minority status, as well as the idea that sex work represents transactions and power in relationships is not unexpected. The concerns identified by the participants, as well as previous research, support the development of the attitudes as described by participants (Cortez et al., 2011).

Counselor Emotions

The subtheme of counselor emotions encompasses the self-reported emotional responses and growth the participants revealed through the study. In general, participants reported initial countertransference, a comfortability with themselves that helped in affirming others, a strong desire to help the clients, and an initial response of bias and stigma. Mental health professionals identifying as transgender or gender nonconforming, with longer time spent practicing in the field of mental health or with extensive training, have higher rates of acceptance and approval of clients identifying as transgender or gender nonconforming (Dispenza & O'Hara, 2016; Obasi et al, 2022). Participants in this

study were required to identify as cisgender, and as such, did not respond as transgender or gender nonconforming mental health professionals, but did report longer time spent working in the field and more training than a newer counselor. Additionally, the participants were open regarding experiencing initial stigma and disapproval overall but participated in training, supervision, consultation, and education to increase awareness and exposure while reducing negative perceptions of the client population. Alternatively, researchers indicate discrimination, and negative stigma, including sexist attitudes, noticeable disapproval, and self-reported discomfort toward gender minorities still exist among some mental health professionals (Brown et al, 2018; Mizock et al, 2017; Nimbi et al, 2020; Powell & Cochran, 2021). Participants in this study reported feelings of protectiveness toward the client population, initial countertransference, intense desires to help, initial pity and judgment, and curiosity regarding the client and the population at large. While there are noted examples of less open, more discriminatory mental health professionals when working with gender minorities, the length of time spent in the field and the vulnerability of the participants in responding to the interview questions leads to the general recognition of countertransference and bias, as well as feelings of comfort in self and protectiveness toward the client population supports the general openness and acceptance in emotional responses as not surprising.

Social Justice

There is a critical need for increased affirmative policies and practices to increase respect and inclusivity for transgender individuals seeking mental health services (Benson, 2013; Delaney & McCann, 2021). Related to changes in policy and practice,

participants at large experienced many protective feelings and anger regarding stigma and discrimination toward the client population. Several participants were focused heavily on social justice and potential policy changes, including discussing discrimination by communities, client families, and law enforcement. Participants also recognized systemic failures that directly impact the population, including a lack of resources and support for transgender and gender nonconforming people, as well as for sex workers identifying as such. Both cisgender and transgender sex workers report experiencing criminalization and stigmatization by community members and law enforcement (Krüsi, 2016). Participants discussed potentials for alternative sentencing and offering treatment for mental health and substance use, which tended to be important factors and motivations for participation in sex work for their clients, instead of incarceration. While not each participant verbally stated they were interested in social change directly, each participant either stated or implied a need for changes within counseling and communities to better accommodate and provide support for the client population. The focus on social justice and advocacy was an expected response given the knowledge of limited policies and practices available to support the population.

Growth Experiences

Each participant, despite demographic differences and workplace experiences, reported a sense of growth and transformation after working with the population of transgender or gender nonconforming sex workers. Participants reported that education was necessary to successfully provide services to the population, the work was both

challenging and rewarding, and they experienced profound shifts in perspective because of the work.

Education

Transgender people experience stigma, exclusion, and discrimination in society and with treatment providers (Pandya & Redcay, 2021). Overall, transgender people report a lack of engagement or continued engagement in mental health services due to nonaffirmative experiences and low cultural-focused education within providers (Benson, 2013; Delaney & McCann, 2021; Pandya & Redcay, 2021). Previously, researchers suggested that increased knowledge of affirmative techniques and increased awareness of cultural needs reduce negative attitudes toward gender minorities in mental health practice (Mizock et al, 2017; Obasi et al, 2022; Pepping et al, 2018; Powell & Cochran, 2021; Rutherford et al, 2012; Vann et al, 2021). In alignment with previous research, participants in this study reported that throughout their experiences providing services to the population, they felt that education and training were important factors in increasing efficacy as providers. Utilizing culturally specific and affirmative language and challenging their assumptions, biases, stigma, and judgment were critical factors in building rapport and ethically providing helpful services to the population. Moving further beyond affirming language, participants noted learning specifics about the cultural complexities and dualities of identifying as a transgender or gender nonconforming sex worker positively impacted the therapeutic alliance and improved success for the clients overall.

Challenging Work

Participants in this study reported that providing mental health services to transgender or gender nonconforming sex workers was challenging. Learning to use correct pronouns and culturally specific language, navigating the complexities of cultural competencies, challenging and moving forward from personal biases, stigma, and judgment, and noticing a significant lack of professional resources and support were all barriers when providing services to the population. There is no previous research indicating specific challenges when working with transgender and gender nonconforming sex workers, which supports that identification of challenges was expected.

Rewarding Work

Participants in this study reported, despite challenges in the work, that providing mental health services to transgender or gender nonconforming sex workers was rewarding. The work expanded their perspectives on people and the world at large, they felt empowered and joyful over the growth witnessed in clients and felt proud of the ability to provide a safe space while continuing to build rapport. There is no previous research indicating specific perceived rewards or satisfaction when working with transgender and gender nonconforming sex workers, which supports that identification of satisfaction in providing mental health services to the population was expected.

Shifts in Perspective

Participants in this study reported shifts in perspective through providing mental health services to transgender or gender nonconforming sex workers. Participants reported learning openness, decreasing judgment toward clients and people in general,

increased involvement in advocacy and education for the population, acceptance of diverse relationships, and acceptance of diverse occupations. The privilege awarded to cisgender mental health counselors as belonging to the societal norm of gender identification impacted the participants' initial worldview and conceptualization of the oppressed client population as members of a less accepted gender identification and career choice, specifically transgender and gender nonconforming sex workers. Through working with the client population, participants were awarded growth, empathy, and compassion for the clients, resulting in increased advocacy and acceptance. The stigma surrounding sex workers is that of people participating in abnormal behavior unacceptable to society, presenting a barrier to accessing necessary treatment (Mo et al., 2018; Preble, 2015). Through shifting perspectives and reducing their preconceived biases and judgments toward clients, mental health professionals participating in the study reported increasing their acceptance and openness, which directly impacts the motivation for clients within the population to maintain engagement and work toward self-identified goals toward success. Participants reacting proactively to decrease stigma and create safe, nonjudgmental spaces for the client population is not supported by previous research as this population of participants was not previously studied, but the experience in shifting perspective and worldview is expected as previous researchers identified barriers to accessing treatment because of stigma surrounding the client population (Mo et al., 2018; Preble, 2015).

Limitations of the Study

Limitations to this study included a low population of counselors meeting the criteria for inclusion. Recruitment of participants was challenging, resulting in extended time recruiting and engaging participants for the semistructured interviews. Limitations exist regarding the participant pool as the population of respondents was small and the participants engaging were not significantly diverse. Despite participants working in different states, four of the six participants work in the same state in which I practice and were potentially recruited due to engagement within shared networks. Participants were all between the ages of 31 and 40, all spoke English as a primary language and were all Caucasian, cisgender females. Four of the participants held a professional counseling license and two held a social work license, also demonstrating a lack of diversity not only in location and demographic information, but areas of study and practice within the mental health field. Further diversity among participants may provide more detailed results.

Additionally, the data collected only reflects the depth of awareness of the experience the mental health professionals described during the interviews. Assumptions about the implied meaning of the experience are made, but further exploration of the essence of the experience is not possible if a participant was not aware of the impact or if the experience was not meaningful enough to narrate in the responses to questions, thus removing any data that may not have registered as significant to the participant.

The data collection through semistructured interviews was limited by the interview questions, which did not always prompt rich responses to explore the

experiences in depth. The interview guide was limited in that questions were not always expanded upon and, if restructured to prompt more discussion of how the experiences impacted the participant specifically and to provide examples, may elicit richer responses and data. The first question did not often elicit responses with depth or relevance to the research question, resulting most often in one or two sentences with little detail surrounding current populations served, which did not provide specific implications for the study. While the participants presented openly, with vulnerable responses and honest answers to questions, it is possible that not all participants discussed their true experiences with the population. Participants may have provided biased or dishonest responses in fear of judgment or negative feedback, despite the provision of informed consent.

Recommendations

Further research regarding cisgender mental health professionals providing services to transgender or gender nonconforming sex workers is needed. The themes and subthemes identified through exploring the experiences of the participants create pathways for future research, including potential education, training, and supervision topics to increase cultural competency when providing services to the population.

Specific topics to consider when exploring the experiences of cisgender mental health professionals providing services to transgender or gender nonconforming sex workers were identified within this study. The interconnectedness of providing substance use treatment as well as services to transgender or gender nonconforming sex workers was relevant to all participants. Identifying if these experiences are commonly

cooccurring or are separate may provide further insight into catchment areas for the population and if mental health professionals providing treatment to the substance use population are more likely to provide services to transgender or gender nonconforming sex workers, which would indicate a need for further training, supervision, and education about specific cultural competencies. Similarly, exploring the interconnectedness of mental health professionals providing services to transgender or gender nonconforming sex workers and the LGBTQIA+ population, in general, may provide the same insight, identifying mental health professionals who will benefit most from increased cultural competencies.

Future research will benefit from the exploration of more diverse participants as the participants in this study were not significantly culturally diverse. Recruitment of cisgender male participants, different age ranges, differing licensure, and differing locations will provide more generalizable results that will largely impact more mental health professionals at large.

Use of questions in an interview guide that prompts more discussion of the impact of the experiences on self and requesting specific examples may provide more detail to indicate more implications about the experiences with richer data. While the initial interview guide provided data to explore the essence of the experience of cisgender mental health professionals providing services to transgender or gender nonconforming sex workers, more significant data may result from further in-depth questions and prompts.

Implications

This dissertation study illuminated the need for further training, education, and support for cisgender mental health professionals providing services to transgender or gender nonconforming sex workers, as identified through the experiences of current participants. This study is significant in that it is an addition to the field of counseling and mental health as a method of identifying the need for appropriate cultural competencies for a minority population and includes recommendations from current practicing mental health professionals who have experienced the work. Through analyzing data collected and understanding the essence of the experience of cisgender mental health professionals working with transgender or gender nonconforming sex workers, I examined experiences and attitudes surrounding the population. This study impacts society by promoting affirmative counseling that uses appropriate cultural competencies for a specific population within the community. Through increased multicultural awareness, cisgender mental health professionals working with transgender or gender nonconforming sex workers choosing to participate in the sex trade will experience support, preparedness, and increased education and training. Additionally, themes identified in this study promote appropriate tools and effective strategies for assisting the population of transgender and gender nonconforming sex workers in meeting their own goals for wellness without judgment from the mental health professional community. The study provides data that could lead to a shift in perspective of transgender or gender nonconforming sex workers as well as the ability to provide nonbiased counseling and increased proactive therapeutic alliances.

There are many specific resources for cisgender mental health professionals providing services to transgender and gender nonconforming sex workers identified within this study. Recognition of the importance of trauma informed and individualized care is of importance, identified through the various experiences and conceptualizations of the client population by participants. For example, some participants reported that their clients felt empowered through sex work while others reported that their clients presented with shame and remorse due to engagement in sex work. Differences in perspective and internalization of the experience by the client necessitate trauma informed and individualized mental health services for clients within the population. The most relevant techniques and skills when providing mental health services to transgender and gender nonconforming sex workers were identified in this study, which includes the use of culturally specific language, building and maintaining rapport, practicing openness and affirming behavior, and increasing knowledge of relevant resources. Moving further beyond affirming language, learning specifics about the cultural complexities and dualities of identifying as a transgender or gender nonconforming sex worker will positively impact therapeutic alliance and improve success for the clients overall. These skills and techniques are important cornerstone topics for training, education, and supervision for clinicians working with the population.

In addition to recognizing topics for training, education, and supervision, this study revealed the expanded worldview and increased advocacy experienced by the participants. Through working with transgender and gender nonconforming sex workers, cisgender mental health professionals experienced a positive shift in worldview and

expanded acceptance of diverse populations in practice and daily life. Similarly, this study emphasizes the importance of reducing discrimination and stigma toward transgender and gender nonconforming sex workers, identifying this concept as a critical missing link that could provide further opportunities for education, training, and advocacy to establish safety and wellbeing for the population. Each participant either stated or implied a need for changes within counseling and communities to better accommodate and provide support for the client population. Moving beyond personal stigma and discrimination at a personal level within practice, this study also identifies the importance of education and advocacy at community levels.

Conclusion

Through this heuristic study, I explored the experiences of cisgender mental health professionals providing services to transgender and gender nonconforming clients choosing to engage in sex work. With my own experiences and previous research guiding the conceptualization of the study, I gained insight into the essence of the experience of cisgender mental health professionals providing services to a specific population of minority sex workers. Cisgender mental health professionals providing services to transgender and gender nonconforming sex workers experience radical shifts in perspective and worldview, creating a more open and accepting mindset both in practice and daily life. However, work with the population often results in challenges because of a lack of resources, both for counselors and for clients, including counselors lacking specific training, education, or competent supervision. This study further supports the existence of limited expertise in the field regarding the client population. Through

providing training, education, and supervision surrounding the use of culturally specific language, building and maintaining rapport, practicing openness and affirming behavior, and increasing knowledge of relevant resources, cisgender mental health professionals providing services to transgender and gender nonconforming sex workers will have more support and awareness to provide ethical care to the client population.

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Appendix A: Interview Guide

The interview guide includes the following questions for the initial semi-structured interview:

1. Let's start by talking about your work with clients. What population do you typically work with?

2. Talk specifically about the clients you work or have previously worked with who identify as transgender or gender nonconforming sex workers.

3. Tell me about a memorable experience with a client working in the sex trade industry identifying as a transgender or gender nonconforming person, voluntarily participating in the sex trade, and not as a survivor of sex trafficking.

3.b. Tell me what your initial reactions were to the experience and how you react to the experience now.

4. What are your current experiences with this client population?

5. What was the most difficult or challenging part of providing mental health services to a transgender or gender nonconforming client voluntarily participating in the sex trade industry?

6. What was the least difficult or most rewarding part of the work?

7. How do these experiences impact your mental health practice?

8. How do these experiences impact your worldview after working with the population?

9. What more can you share with me about these experiences and how they have impacted you professionally or personally?

Appendix B: Demographic Questionnaire

1. Please select the range that includes your age:
    a. 18-25
    b. 26-30
    c. 31-40
    d. 41 or older
    e. Prefer not to respond
2. Please indicate the state in which you live:

    Response:
3. Please indicate the primary language you speak:

    Response:
4. Please indicate your race and/or ethnicity:

    Response:
5. Please select the gender with which you identify:
    a. Male/Cisgender
    b. Female/Cisgender
    c. Transgender
    d. Gender Nonconforming
    e. Other:
    f. Prefer not to respond
6. Please select the sexual orientation with which you identify:
    a. Heterosexual
    b. Homosexual

c. Bisexual

d. Other:

e. Prefer not to respond

7. Please select your marital status:

a. Single, never married

b. Married or Domestic Partnership

c. Separated

d. Divorced

e. Widowed

f. Prefer not to respond

8. Please select your highest level of education:

a. Master's Degree

b. Doctoral Degree

c. Prefer not to respond

9. Please select your current employment status:

a. Employed full-time

b. Employed part-time

c. Unemployed

d. Student

e. Retired

f. Prefer not to respond

10. Please indicate the professional mental health license(s) you currently hold:

Response:

11. Please select the range that includes your approximate total annual income:

    a. $0-$30,000

    b. $31,000-$60,000

    c. $61,000-$90,000

    d. $91,000-$120,000

    e. $120,000 or more

    f. Prefer not to respond