

This article was downloaded by: [Christopher W. Blackwell]

On: 29 November 2012, At: 22:25

Publisher: Routledge

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: Mortimer House, 37-41 Mortimer Street, London W1T 3JH, UK



Journal of Social Service Research

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wssr20>

Risk for a Price: Sexual Activity Solicitations in Online Male Sex Worker Profiles

Christopher W. Blackwell^a & Sophia F. Dziegielewska^b

^a University of Central Florida, College of Nursing, Orlando, FL

^b University of Central Florida, School of Social Work, College of Health and Public Affairs, Orlando, FL

Version of record first published: 29 Nov 2012.

To cite this article: Christopher W. Blackwell & Sophia F. Dziegielewska (2012): Risk for a Price: Sexual Activity Solicitations in Online Male Sex Worker Profiles, *Journal of Social Service Research*, DOI:10.1080/01488376.2012.744617

To link to this article: <http://dx.doi.org/10.1080/01488376.2012.744617>



PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: <http://www.tandfonline.com/page/terms-and-conditions>

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

Risk for a Price: Sexual Activity Solicitations in Online Male Sex Worker Profiles

Christopher W. Blackwell
Sophia F. Dziegielewski

ABSTRACT. The use of social- and sexual networking-based Web sites designed to provide easy and more anonymous access to sexual partners is rising. The popularity of the use of Web sites by male sex workers to promote their services and find clients is also rising. To date, very little inquiry has been devoted to studying the sexual behaviors solicited within online advertisement profiles of male sex workers and men who have sex with men. This study utilized a widely used popular Internet site designed to advertise to clients and gathered demographic, advertised sexual and nonsexual behaviors, pricing, and safety risk category data from profiles within the state of Florida ($n = 163$). Pearson chi-square analyses indicated that location and several sexual behaviors were significantly related to how often the men reported the degree to which they had safer sex with clients. These findings suggest some male sex workers do not consistently maintain safer-sex behaviors and that some of these men are engaging in sexual activity while under the influence of drugs. Future recommendations support the need for effective public health outreach that emphasizes the importance of safer sexual decision-making.

KEYWORDS. MSM, safe-sex practices, Internet advertisements, male sex workers, sexual advertisements, gay, HIV/AIDS, homosexual, male escort, sexually transmitted infections, sex workers

MALE SEX WORKERS AND THE INTERNET: AN EMERGING BODY OF LITERATURE

There have been a growing number of studies that assess the risks posed by the quick and sometimes anonymous sexual encounters facilitated by Internet-based sexual networking sites (Apostolopoulos et al., 2011; Benotsch et al., 2011; Blackwell, 2009, 2010; Klein, 2011). Few studies, however, have examined the high-risk activities that may be initiated by male sex work-

ers who use Internet-based promotional sites to advertise their services to their potential clients. In addition, many of these studies are qualitative-based and have smaller sample sizes that when viewed for replication can present threats to generalizability. Nonetheless, these qualitative studies are essential for exploring the questions that allow a more detailed inquiry of this phenomenon. What appears to be happening consistently is the assumption that this newer medium provides easier access to clients who wish to participate in higher-risk sexual activities with male

Christopher W. Blackwell, Ph.D., ARNP, ANP-BC, CNE, is an Associate Professor and Coordinator of Nurse Practitioner Programs at the University of Central Florida, College of Nursing, Orlando, FL.

Sophia F. Dziegielewski, Ph.D., LISW, is a Professor at the University of Central Florida, School of Social Work, College of Health and Public Affairs, Orlando, FL.

Address correspondence to: Christopher W. Blackwell, University of Central Florida, College of Nursing, 12201 Research Parkway, Suite 300, Orlando, FL 32826 (E-mail: Christopher.blackwell@ucf.edu).

sex workers who are equally willing to do so (Phua, Ciambone, & Vazquez, 2009; Parsons, Koken, & Bimbi, 2004; Uy, Parsons, Bimbi, Koken, & Hakitis, 2004).

Promotion of Services: Differences Between Sex Workers

There appears to be several prominent differences between traditional street-based or agency-based male sex workers and those who use the Internet to promote their services. Three major differences include the nomenclature used to describe client-related activity, the specific reasons for seeking this line of work, the roles male sex workers assume when working with their clients, and the reasons for entering/selecting this line of work (Uy et al., 2004).

One major difference rests in the terminology used to define the sex worker. In Web-based services, those who identify as a “hustler” may participate in different sexual activities than those who identify as a “kept boy” (Uy et al., 2004). A hustler is informally defined as a male who offers sexual services in episodic encounters that may last from minutes, to hours, to even days; whereas a “kept boy” would be a male who consistently maintains a sexual relationship with one or more other men for financial benefit. In street-based or agency-based services, this might be referred to more as traditional prostitution, where in Web-based services, the presentation of these terms is more likely to focus on escorting and/or modeling services that also involve sexual activities.

Major differences exist between the methods in which traditional street-based or agency-based male sex workers promote their services compared to those who use the Internet. Different from traditional agency-based methods for recruitment to promote their services, sex workers often work independently and promote their services through Internet-based Web sites (Mimiaga, Reisner, Tinsley, Mayer, & Safren, 2008). They do not have the connections and in some ways the obligations and/or support that come from being directly connected to others.

Lastly, the motivational factors associated with the decision to become a sex worker also

may be different among more traditional street-based and agency-based male sex workers and those who utilize the Internet to promote their services. For street-based and/or agency-based sex workers, previous data supported a relationship between crack use, injection drug use, childhood sexual abuse, nongay self-identification, and homelessness with the initiation of male sex work (Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005; Newman, Rhodes, & Weiss, 2004). However, motivational factors to enter male sex work by men who have sex with men (MSM) who use the Internet to promote their services indicate they become sex workers due primarily to three perceived benefits: 1) monetary benefits; 2) positive impact on the self; and 3) sexual pleasure (Uy et al., 2004). This information, related to the differences between Web-based and traditional street- and agency-based sex workers, provides fertile ground for examining these workers from a different perspective. Perceptions of the drug-influenced, sexually abused workers may not totally fit this new emerging group.

Yet, regardless of the motivation to enter sex work, data indicate these MSM possess a rich mix of factors that put them and their clients at risk for both sexually transmitted infections (STIs) and HIV (Mimiaga et al., 2008; Parsons et al., 2004; Parsons, Koken, & Bimbi, 2007; Phua et al., 2009; Uy et al., 2004).

Risk Factors and High-Risk Sexual Behaviors Among Male Sex Workers

Although there is a great need for more research on the topic, the few critical inquiries dedicated to assessing the high-risk behaviors among male sex workers have shown these MSM are much more likely to participate in unsafe sexual activities. In their 2008 study, Mimiaga and his colleagues compared the differences in sexual behaviors among traditional street-based sex workers and those who utilized the Internet to meet their clients. They found both groups participated in higher-risk sexual activities, including at least one episode of unprotected anal intercourse with a serodiscordant partner within the last year. In a serodiscordant relationship, one partner is HIV-positive and the other is not.

Mimiaga et al. also found inconsistent condom use, high rates of unprotected sex, and low rates of HIV serostatus disclosure. Differences noted between these groups included: Internet-based sex workers had statistically higher rates of pay; they were also more likely to report a greater willingness to participate in sexual risk-taking activities with nonpaying sex partners versus those who were paying clients; and 31% of participants reported an HIV-positive serostatus.

Similar findings were also uncovered in the work of Phua et al. (2009). These researchers found that only a very few male sex workers (25%) who used online chat rooms to promote their services specifically mentioned any health-related words or phrases in their profiles. This was also correlated with favored sexual positions and discussion of penis size. Reportedly, those who preferred an anal-insertive role and those who discussed their penis size were less likely to mention any information related to health status in their profiles. The researchers noted this was of particular concern because the anal-insertive partner is more likely to transmit HIV to the anal-receptive partner rather than the reverse (Phua et al., 2009).

Some of the older studies, however, conflict with newer ones in terms of risk and the sexual activities of male sex workers. For example, Uy et al. (2004) found lower rates of HIV seropositivity (13%) in their sample compared with Mimiaga and colleagues (2009). In addition, Uy et al. found overall lower rates of unprotected anal intercourse within their sample. Less than half of their participants reported unprotected anal sex with clients. The qualitative aspects of their work indicated many of the sex workers took extensive measures to protect themselves and their clients. The majority refused to participate in any unsafe sex with their clients, and some incorporated safer-sex practices and educated their clients about the importance of safer sex.

Perhaps the overall recent increase in unprotected anal intercourse among all MSM (Dawson, Ross, Henry, & Freeman, 2005) could provide at least a partial explanation for the differences in the findings from slightly older studies and those that are more recent. Furthermore, another explanation may continue to rest in

the numerous methodological issues mentioned earlier in this article that limit generalizability. Of particular importance is the limitation of small sample sizes and differences that may result in the regional-based samples that were studied (e.g., Mimiaga et al., 2008; Parsons et al., 2004, 2007; Smith, Grov, & Seal, 2008; Uy et al., 2004). This supports the need for larger and more representative studies into the types of higher-risk activities in which male sex workers might participate.

Purpose of Study

The purpose of this study was to determine profile characteristics of a sample of male sex workers from the state of Florida using a popular Web site to promote their services and recruit clients. There were three main research questions that outlined the objectives of the work:

1. What are the geographic locations, races/ethnicities, and age groups of MSM sex workers who use the Internet to meet sexual partners?
2. What is the prevalence of: a) various advertised sexual behaviors; b) drug use; c) smoking; d) sexual orientation; e) nonsexually related services; and f) costs for services among MSM sex workers who use the Internet to meet sexual partners?
3. Are there statistically significant relationships between the manner in which MSM sex workers characterize their sexual behaviors as “always safe,” “sometimes safe,” or “never safe” and their a) location; b) race/ethnicity; c) age group; d) various advertised sexual behaviors; e) drug use; f) smoking; g) sexual orientation; h) nonsexually related services; and i) costs for services?

METHODOLOGY

Sample

Data were obtained from individual profiles on a popular Web site utilized by male sex workers within the United States. The state of

Florida was selected as the source of the sample to be consistent with several other studies that recruited from a similar sampling frame (Blackwell, 2009, 2010). In addition, Florida has a diverse population and has representative numbers of minorities, including Hispanics and African Americans, who are disproportionately affected by HIV (Centers for Disease Control and Prevention [CDC], 2011). Data were collected from every profile listed in Florida ($n = 163$) that specifically listed a safe-sex categorization (“always safe,” “sometimes safe,” or “never safe”). Although new profiles were sometimes added to the site daily, they were not included in the data collection process once the recruiting time period was met.

Procedure

Data were collected during a period of approximately 30 days. In addition, any profile that advertised services from more than one individual sex worker (e.g., couples advertising services) was excluded from the study. Information pertaining to each sex workers’ reported age, race/ethnicity, various advertised sexual behaviors, drug use, smoking, sexual orientation, nonsexually related services, and cost of services was obtained. In addition, data regarding the manner in which the sex worker categorized the safety of his sexual behaviors with clients as “always safe,” “sometimes safe,” or “never safe” were also collected. The appropriate institutional review board reviewed and approved the conducting of the research. At no time did interaction with the participants on the site occur. To prevent repetitive sampling and provide a restarting point between data collection periods, publically identified user names were recorded but were not used in any other aspect of the study.

Data Analysis

Data were coded and uploaded into the Statistical Program for the Social Sciences Version 18.0 (PASW). Demographic data were analyzed with descriptive statistics. To answer the first and second research questions by determining the most reported values, frequency statistics were used to assess each workers’ reported

age, race/ethnicity, prices for services, safer-sex categorization, preferred sexual activities during sexual encounters, city of location, drug use, smoking, and nonsexually related services. To answer the third research question by determining statistically significant relationships between the independent variables (reported age, race/ethnicity, price for services, preferred sexual activities during sexual encounters, state and city of location, drug use, and smoking) and the dependent variable (safety categorization), Pearson chi-square analyses were conducted.

RESULTS

Research Questions 1 and 2: Sample Characteristics

The sample consisted of 163 profiles of male sex workers from all regions in the state of Florida. Most of the men who reported their age were between the ages of 18 and 30 years (33%), indicated a Hispanic ethnicity (36%), defined their sexuality as bisexual (43%), and indicated they always participated in safe sex with clients (90%). More urbanized locations, including Miami ($n = 65$; 40%), Ft. Lauderdale ($n = 53$; 33%), and Orlando ($n = 20$; 12%) had more profiles, while more rural locations, including Key West, St. Petersburg, and Sarasota (each had $n = 1$; .6%), Ft. Myers ($n = 2$; 1.2%), Daytona, Naples, and Palm Beach (each had $n = 3$; 1.8%) had less. Eleven (6.7%) profiles were listed in the Tampa area. Most ($n = 96$; 58%) of the sex workers did not reveal their age within their profile. The majority of those who did report their age were 21 to 25 years old ($n = 31$; 19%); 20 (12.3%) reported being aged 26 to 30 years old, and 7 (4.3%) had a reported age of 36 to 40 years old. Five (3.1%) reported an age of 31 to 35 years old. Only 3 (1.8%) reported an age of 18 to 20 years old and just 2 (1.8%) were 41 to 45 years old.

The majority ($n = 58$; 35.6%) of those sampled reported a Hispanic ethnicity. Forty-six (28.2%) of the workers reported a Caucasian ethnicity; eighteen (11%) reported their ethnicity as African American. Just 1 (0.6%) worker sampled identified his ethnicity as Asian; the same

for Middle Eastern. Sixteen (9.8%) did not disclose their race/ethnicity. The majority of the sex workers ($n = 69$; 42.3%) indicated their sexual orientation as bisexual, while 67 (41.1%) listed their orientation as gay. Just 6 (3.7%) identified their sexual orientation as straight. Eighty-four (51.5%) of the men reported a “muscular” body type. Forty-two (25.8%) reported a “swimmer’s” body type. Thirteen (8%) listed their body type as “average”; 11 (6.7%) identified a body type of “body builder,” 8 (4.9%) listed “slim,” and 5 (3.1%) did not report a body type. Most ($n = 119$; 73%) of the sex workers were willing to meet at the client’s location or have clients come to his location for services. Some ($n = 23$; 14%) preferred to meet only at clients’ locations, while fewer ($n = 7$; 4.3%) preferred to have clients come to their location. Fourteen (8.6%) did not disclose a preference for meeting location.

Twenty-six (16%) of the men listed a preference for drug use during sexual activities. Twenty-one (12.9%) reported being smokers, while 116 (71.2%) reported being nonsmokers. Twenty-six (16%) did not disclose smoking status. Costs varied as to where the sex worker provided his services. The majority ($n = 42$; 25.8%) charged \$200 for services provided at the sex worker’s location; 37 (22.7%) charged more and 31 (19%) charged less. Fifty-two (31.9%) did not disclose their charge for services provided at their location. Charges for providing services at the client’s location were similar, with the majority ($n = 42$; 25.8%) charging \$200. However, 78 (47.8%) charged more than this, while 17 (10.4%) charged less. Twenty-six (16%) did not disclose their cost for services provided at the client’s location. Most of the sex workers ($n = 147$, 90.2%) reported they “always” engaged in safe sex with clients. Thirteen (8%) reported they were “sometimes safe” with clients, while just 1 (0.6%) indicated he was “never safe” with clients. The most reported sexual activities were oral sex ($n = 112$; 68.7%), role-playing ($n = 93$; 57.1%), and “versatile” anal sex (both insertive and receptive anal intercourse; $n = 80$; 49.1%). Massage ($n = 116$; 71.2%), travel companionship ($n = 114$; 69.9%), and modeling ($n = 108$; 66.3%) were the most reported nonsexual services. The various sexual behaviors of the sample are listed in Table 1. Nonsexual

TABLE 1. Sexual Behaviors Listed in Male Sex Worker Profiles*

Behavior	N	%
Anal-Insertive (“top”)	65	39.9
Anal-Receptive (“bottom”)	6	3.7
Anal-Insertive and/or -Receptive (“versatile”)	80	49.1
Bondage	34	20.9
Diapers	12	7.4
Feet Play	57	35
Fisting	33	20.2
Kissing	90	55.2
Latex	31	19
Leather	59	36
Oral Sex	112	68.7
Party and Play (PNP)	26	16
Role-Playing	93	57.1
Sadomasochism	40	24.5
Scat	14	8.6
Shaving	47	28.8
Sneakers	42	25.8
Spanking	70	42.9
Toys	70	42.9
Vanilla	77	47.2
Watersports	66	40.5

*Total sample size, $N = 163$.

services offered by the men are presented in Table 2.

Research Question 3: The Relationship Between Sample Characteristics and Safety Categorization

To answer the third research question by determining statistically significant relationships between the independent variables (reported age,

TABLE 2. Nonsexual Behaviors Listed in Male Sex Worker Profiles*

Behavior	N	%
Go-Go Dancer	56	34.4
Interpreter	42	25.8
Massage	116	71.2
Modeling	108	66.3
Stripper	81	49.7
Tour Guide	72	44.2
Travel Companion	114	69.9

*Total sample size, $N = 163$.

TABLE 3. Pearson Chi-Square Analysis of Independent Variables and Sex Risk Categorization*

Independent Variable	χ^2	df	p
Age	10.8	18	.899
Bondage	1.3	3	.72
Cost at Client's Location**	140.7	60	<.001
Cost at Escort's Location**	124.3	60	<.001
Diapers	6.9	3	.073
Ethnicity	13.6	21	.833
Feet Play**	8.7	3	.033
Fisting**	11.3	3	.010
Go-Go Dancer	6.4	3	.090
Interpreter	4	3	.253
Latex**	9	9	.029
Leather**	12.5	3	.006
Location**	99.3	30	.000
Massage	6.3	3	.096
Modeling	3.1	3	.373
Oral Sex	5.1	3	.164
Party and Play (PNP)**	16.9	3	.001
Role-Playing	3.2	3	.351
Sadomasochism	5.4	3	.140
Scat	5.4	3	.141
Sexual Orientation	15.1	9	.088
Sexual (Anal) Position Preference**	31.1	12	.002
Shaving	7.6	3	.055
Smoking Status**	15.1	6	.019
Sneakers	4.8	3	.180
Spanking	4.1	3	.244
Stripper	3.8	3	.277
Tour Guide	2.5	3	.473
Toys	7.5	3	.056
Travel Companion	4.6	3	.201
Vanilla	6.4	3	.093
Watersports**	16.5	3	.001

*Total sample size, $N = 163$.

**Statistically significant at $p \leq .05$.

race/ethnicity, price for services, preferred sexual activities during sexual encounters, city of location, drug use, and smoking) and the dependent variable (safety categorization), Pearson chi-square analyses were conducted for each of the following: a) location; b) race/ethnicity; c) age group; d) various advertised sexual behaviors; e) drug use; f) smoking; g) sexual orientation; h) nonsexually related services; and i) costs for services. For independent variables *d* and *h*, a Pearson chi-square analysis was performed for each possible behavior that could be listed in the user's profile to determine a possible significant relationship with the manner in which the

MSM sex worker identified his sexual relationships with clients as "always safe," "sometimes safe," or "never safe." Analyses indicated several of the independent variables were significantly related to the manner in which the MSM sex workers characterized their sexual relationships with clients as "always safe," "sometimes safe," or "never safe."

Specifically, location ($\chi^2 = 99.3$; $df = 30$; $p \leq .001$), preferred sexual position during anal intercourse ($\chi^2 = 31.1$; $df = 12$; $p = .002$), drug use during sexual activity ($\chi^2 = 16.9$; $df = 3$; $p = .001$), preference for "feet play" ($\chi^2 = 8.7$; $df = 3$; $p = .033$), preference for leather ($\chi^2 = 12.5$; $df = 3$; $p = .006$) or latex ($\chi^2 = 9$; $df = 3$; $p = .029$), urination during sexual activity ($\chi^2 = 16.5$; $df = 3$; $p = .001$), fisting ($\chi^2 = 11.4$; $df = 3$; $p = .01$), smoking ($\chi^2 = 15.1$; $df = 6$; $p = .019$), cost for services provided at the escorts' location ($\chi^2 = 124.3$; $df = 60$; $p \leq .001$), and cost for services provided at the clients' location ($\chi^2 = 140.7$; $df = 60$; $p \leq .001$) were all significantly related to the manner in which the MSM sex workers categorized their sexual relationships with clients as "always safe," "sometimes safe," or "never safe." Nonsexual behaviors were not significantly related to the manner in which the MSM sex workers categorized their sexual relationships with clients as "always safe," "sometimes safe," or "never safe." Results from each Pearson chi-square analysis are presented in Table 3.

DISCUSSION

Sample Characteristics

Most of the men who reported their age were between the ages of 18 and 30 years old, indicated a Hispanic ethnicity, and defined their sexuality as bisexual. In addition, the majority were active in regions that were more urbanized with a larger population. Miami, Ft. Lauderdale, and Orlando had the most sex workers. This presents some unique and similar findings compared with other studies that have assessed MSM sex workers who find clients through online environments. For example, Parsons, Koken, and Bimbi (2004) found the majority of men in their sample

were Caucasian (67.4%) and their mean age was close to 32 years old. However, the men in their sample identified mostly as gay (82.6%) rather than bisexual (17.4%). An earlier 2001 study by Parsons, Bimbi, and Halkitis (2001) also used a sample that was largely Caucasian (70%), identified as gay (82%), and had a mean age close to 32; that sample was also recruited from one major city (New York City). A subsequent publication by Uy et al. (2004) focusing on motivation for sex work used this same sample, which was again recruited solely from New York City.

Mimiaga and colleagues (2009) compared MSM sex workers who were "street workers" (p. 54) with those who recruited clients through the Internet. Their sample was small ($n = 32$) but also consisted primarily of Caucasians (63%). These researchers also found the mean age of street workers to be similar to this study (28 years old), while the mean age of those who used the Internet to meet clients was older (42.6 years old). A similar finding in the study by Mimiaga et al. was a smaller number of MSM sex workers who used the Internet to find clients identifying as gay (47%). Work by Smith et al. (2008) using a small ($n = 32$) sample from Wisconsin also included a majority of participants were Caucasian (70%) and young (73.3% were younger than 25 years of age); this was despite the fact that the agency used for sample recruitment was in an ethnically diverse section of its city of residence (Smith et al.).

Perhaps the reason for some of the slightly different findings regarding this study's sample is related to the method of recruitment. Although only one specific Internet MSM sex worker site was used, the entire state of Florida served as the sample pool; and all MSM sex workers who identified a sex risk categorization within their profile were included. This technique could have been at least partially responsible for the sample's diversity. For example, the majority of the MSM sex workers' profiles had Hispanic listed as the ethnicity. But this could be due to such a large percentage of the sample coming from the Miami, Ft. Lauderdale, and Orlando areas. Florida has a larger population of Hispanics compared with the United States as a whole (22.5% vs. 16.3%); and Miami (70%), Ft. Lauderdale (13.7%), and Orlando (25.4%) have high

populations of Hispanic persons (U.S. Census Bureau, 2011). Perhaps the reason for the sample's age range being mostly between 18 and 30 years old pertains to younger persons' higher level of comfort with using the Internet to meet sex partners.

Data from a Florida-based study by Blackwell (2010) assessing a large sample of profiles ($n = 485$) of MSM using the Internet to meet sex partners found most users reported their age as younger than 40. Most of the MSM sex workers in this study did not report their age in their profile (58.3%). Although the precise reasons age was withheld from the profiles are unknown, perhaps the sex workers wanted to be perceived as youthful as a way to increase their attraction to clients and were consequently apprehensive to report their age. Research has shown a strong tendency among homosexual men to favor more youthful-appearing potential sexual partners (Teuscher & Teuscher, 2007).

Another unique finding in this study was that the majority of the sample reported their sexual orientation as bisexual. This is in contrast to other inquiries assessing characteristics of male sex workers that have found that most report their orientation as gay or homosexual (Mimiaga et al., 2008; Parsons, Bimbi, & Halkitis, 2001; Parsons, Koken, & Bimbi, 2004, 2007; Smith et al., 2008; Uy et al., 2004). Explanation of this finding is difficult but could be related to the perception of the men that having sexual relationships with women (in addition to men) is seen as a masculinizing trait. There are some research studies that have indicated that gay men respond more favorably to masculine personalities and masculine behaviors (Payne, 2007; Sanchez, Vilain, Westefeld, & Liu, 2010). This is seen in some MSM who use the Internet to meet sexual partners who identify themselves as "straight acting" to reinforce their dissociation with an effeminate personality or with more feminine manners of speech or action (Payne, p. 525). Payne investigated this among MSM using the site Gaydar to meet sexual partners and concluded these types of descriptors minimize gay masculinity and contribute to "template" users' identities (p. 525). Sanchez and colleagues also determined that masculine identification is significant to how gay men perceive themselves.

Their data suggested that many gay men “value the public appearance of masculinity” and wished they possessed more masculine traits than they believed they had (Sanchez et al., p. 104). In addition, research conducted by Phua et al. (2009) found a negative correlation between self-labeling as hypermasculine and safer-sex descriptions among profiles of MSM sex workers who used the Internet to find partners. They speculated that mentioning health status may actually “damper” the masculine images they are attempting to portray (Phua et al., p. 256). Although specific data related to the number of MSM in this study who also defined their behaviors as “masculine” or “straight acting” were not calculated, they were nonetheless present within some of the MSM sex workers’ profiles.

The most common sexual behaviors reported in this study were oral sex, role-playing, and versatile (insertive or receptive) anal intercourse. Although these behaviors have all been reported in previous studies assessing sexual behaviors of MSM sex workers (Mimiaga et al., 2008; Parsons et al., 2001, 2004, 2007; Smith et al., 2008; Uy et al., 2004), it is perhaps more important to examine them in the context of their associated risk for communication of STIs and HIV.

The Relationship Between Sample Characteristics and Safety Categorization

This study found several independent variables that were significantly related to the selection of a safe-sex categorization by MSM sex workers (see Table 3). Because of higher associated risk, this discussion focuses on anal intercourse and drug use during sexual activity. Sexual position preference among MSM sex workers as “top,” “bottom,” or “versatile” has been a phenomenon investigated by social scientists. Parsons et al. (2007) specifically assessed anal-insertive and anal-receptive behaviors among this group in relation to HIV seroconcordance of sex partners. They found that only a small number of HIV-negative MSM sex workers had anal-receptive intercourse with ejaculation with partners who were either HIV-positive or who did not disclose their HIV status (2.5%).

However, this behavior was much greater if the MSM sex worker was HIV-positive (33.3%).

Anal-insertive risk was found to be higher in their sample; 10% of the HIV-negative sex workers reported insertive intercourse with partners who were either serodiscordant or of unknown HIV serostatus (Parsons et al., 2004). Again, this was higher among those sex workers who were HIV-positive. This has also been found in other studies. Five percent of MSM sex workers reported anal-receptive intercourse with ejaculation with casual partners in an earlier study by Parsons et al. (2001). This sample was more protective with clients, with only 0.68% reporting this behavior.

Anal-receptive intercourse with ejaculation is of particular significance because it has been associated with the highest risk for transmission of HIV in comparison with any other sexual activity (U.S. Department of Health & Human Services, 2011). The majority of the profiles assessed in this study indicated the MSM sex worker “always” engaged in safe-sex behavior with clients. However, requests from clients for unsafe sex are common among MSM sex workers (Parsons et al., 2004). And unfortunately, data suggest MSM sex workers are not consistently safe with their sex partners. Mimiaga et al. (2008) found that 69% of the MSM sex workers in their sample reported unprotected anal-receptive and/or anal-insertive intercourse with a partner of unknown or serodiscordant status within the past 12 months. Cost for services was also significantly related to safe-sex categorization in this study. Cost has also been found to be related to behaviors associated with drug use. For example, one participant in the study by Mimiaga and colleagues reported having receptive anal intercourse for just \$5 because he “was \$2 short of the money he needed to get high on crack” (p. 58).

Drug use is a serious concern because of its relation to HIV and STI transmission. Substance abuse greatly increases the risk for HIV transmission, STIs, blood-borne pathogens, and Hepatitis A, B, C and D (CDC, 2005). Drug use in MSM sex workers who use the Internet to recruit clients has been found to be highly prevalent. Mimiaga et al. (2008) specifically found higher rates of crystal methamphetamine use during sex (31%). Many of the men in their sample also reported use of cocaine (38%). Crystal methamphetamine use during sex was also reported in a study by Parsons et al. (2007).

In relation to the general MSM population, Grov, Parsons, and Bimbi (2008) found unsafe sex behaviors, particularly anal-insertive and/or anal-receptive intercourse, to be higher among MSM who reported recent use (within the last 90 days) of crystal methamphetamine. However, only 10.2% of participants reported recent use. Rhodes et al. (2007) found similar findings. Their sample was also quite large ($n = 1,189$). Although MSM who reported recent use (within the last 30 days) of crystal methamphetamine were significantly more likely to report anal sex without a condom in the past 90 days, only 6% of the sample reported recent use of the drug. Sixteen profiles in this study listed “party and play” as a behavior among the MSM sex workers. And although it is unknown whether or not the true prevalence of this behavior among the sample is higher or lower during actual sexual encounters, it presents an important focus for public health outreach. For example, research has suggested that MSM sex workers are largely unaware of vaccinations available for Hepatitis A and B (Parsons et al., 2007); transmission of Hepatitis A and B has been positively associated with drug use (CDC, 2005).

Implications for Public Health and Strategies to Promote Safer Behaviors

The findings of this study provide impetus for a multitude of public health implications. Although research on this topic is just beginning to emerge, the importance of public health outreach and HIV/STI prevention as it relates to MSM sex workers is apparent. Condomless (bareback) anal sexual intercourse among MSM continues to be a major source of new HIV infections in the United States. The etiology for the emergence of bareback sex within this population is multifaceted (Wolitski, 2005). However, targeting this behavior directly is essential in the prevention of the spread of HIV/AIDS. MSM sex workers have a rich combination of risk factors that places them at a particularly high risk for HIV communication. Therefore, it is essential for public health interventions to reach this subset of the overall MSM population and to acknowledge this behavior is occurring and how to best address it to increase safety for all.

The aim of this study was to assess behaviors actively solicited within profiles of MSM sex workers who use the Internet to recruit clients and to use this information to make awareness and prevention strategy more available. This study highlights how the Internet is currently being used as a medium to recruit clients for unsafe behaviors. With the popularity of this medium of communication, perhaps the use of the Internet could also be used as a major means of public health outreach. The Internet could serve as an effective way to educate MSM sex workers and their clients about the importance of safer sex and the risks involved when these practices are not used. Data analyzed by Klausner, Levine, and Kent (2004) suggested a small amount of MSM who use the Internet to meet sexual partners utilize Internet-based prevention techniques, so as the technology evolves so may this type of education. Although there are few data assessing programs and initiatives focused specifically on MSM sex workers, some strategies have had successful outcomes with the use of the Internet to promote changes in behavior and encourage screening for STIs within higher-risk subgroups of MSM. A 2007 study by Bowen, Horvath, and Williams using the Internet to teach rural MSM about HIV-prevention strategies yielded statistically significant increases in participants’ knowledge about HIV, positive condom use outcome expectancies, and condom self-efficacy.

Williams, Bowen, and Ei (2008) also designed an effective Internet-based intervention to educate high-risk rural MSM about HIV and prevention. These researchers used banner ads that were placed on MSM dating sites that linked potential participants to the HOPE (HIV/AIDS Outreach Prevention Education) Project. This project consists of three learning modules that concentrate on increasing the learner’s knowledge about HIV/AIDS, motivation to alter sexual behaviors to reduce risk, and use of specific strategies to reduce risk behaviors. The findings of this study indicated that the use of the online environment to both solicit MSM participants and provide them with an educational-based HIV risk-reduction intervention was effective. Although these data on an Internet-based intervention were derived from a rural sample of MSM, these men are

considered a more difficult target group (Williams et al.). The Internet has also been used to increase awareness about geographically concentrated outbreaks of STIs. For example, during an outbreak of syphilis among MSM in San Francisco in 2002, the San Francisco Department of Public Health (SFDPH) devised an online intervention to target MSM using the Internet to meet sexual partners (Klausner et al., 2004) using a multimethod approach. Animated banner ads were placed on several MSM sexual networking sites that linked users to bulletin/discussion boards moderated by a physician and nurse practitioner who provided education about the signs and symptoms of syphilis and facilitated questions and answers about the disease. In addition, information screening resource linkage was provided. Users were provided a unique identifying number that could be brought to a public testing facility to obtain free anonymous screening; results were posted to an SFDPH Web site solely by use of the individual's unique number. Those who tested positive were also provided with instructions on how to follow up for appropriate treatment.

Perhaps similar interventions could be employed on Web sites that MSM sex workers use to recruit clients. Banner ads could be used to encourage users (both the MSM sex worker and the individual using the site to find one) to access online educational resources about risks related to commercial sex, the relationships between drug use and unsafe sexual activities, and STI- and HIV-prevention methods. Resources related to HIV and STI screening could also be provided to encourage both MSM sex workers and their clients to engage with the health care system and access screening.

Limitations and Implications for Future Research

This study had several limitations that are important to highlight. Perhaps the biggest threat to the generalization of the findings of this study is related to its small sample size and generalizing the information from this region to other locations. Although the sample included all Florida MSM sex workers who identified a sex risk category and who used a specific site to adver-

tise their services, the sample was less than 200 ($n = 163$). Although the particular site used is very popular and widely known, the use of just one site does present some issues. MSM sex workers who use this site must pay to advertise their services. This excludes MSM sex workers who choose to use sites that do not charge for advertising of services. Coupled with the use of just one site, the study was state-specific and open to some regional influence. Larger cities within Florida that had more MSM sex workers had an ethnic makeup that yielded a sample that was more reflective of those regions. For example, a large source of the sample came from Miami and Ft. Lauderdale, which has a higher proportion of Hispanics.

Regardless of these limitations, this study presented some important findings and can serve as an impetus for future research. Studies assessing high-risk behaviors among MSM sex workers should strive for a high level of scientific rigor and should make an attempt to capture a sample that is more nationally representative. In addition, future studies should include data from profiles from a large number of Web sites, including those that are proprietary and those that are not. Finally, studies are needed to help determine which interventions to promote safer-sex behaviors among this population are most effective. Resources for public health are very scarce, and public health practitioners need to use cost-effective interventions that yield the greatest impact. Therefore, well-articulated interventional studies are necessary to provide essential input to public health professionals as they design programs to help reduce the transmission of STIs and HIV.

SUMMARY AND CONCLUSIONS

This article presented findings from an original research study designed to assess both lower- and higher-risk sexual behavior solicitation among male sex workers using a widely used popular Internet site designed to advertise to clients. Specifically, demographic, advertised sexual and nonsexual behaviors, pricing, and safety risk-category data from profiles within the state of Florida ($n = 163$) were collected and

analyzed. Most of the men who reported their age were between the ages of 18 and 30 years old (33%), indicated a Hispanic ethnicity (36%), defined their sexuality as bisexual (43%), and indicated they always participated in safe sex with clients (90%). However, many of the men also indicated they used drugs during sex (19%); and a few indicated they had safe sex “some of the time” (8%). One of the men indicated he “never” had safe sex with clients (0.6%).

Pearson chi-square analyses indicated that location and several sexual behaviors were significantly related to how often the men reported the degree to which they had safer sex with clients. These findings suggest some male sex workers do not consistently maintain safer-sex behaviors and that some of these men are engaging in sexual activity while under the influence of drugs. This supports the need for effective public health outreach. Specific examples of effective online interventions were discussed and recommendations on how to improve future inquiry on the topic were provided.

In conclusion, it is clear that efforts to enhance safer sexual decision-making among these MSM and their clients are needed. The popularity of the use of Web sites by male sex workers to promote their services and find clients is rising. Therefore, using the Internet as an avenue for encouraging safe-sex interventions has many advantages. Because many individuals may feel uncomfortable discussing their own sexual act preferences, open discussions and encouraging online dialogue regarding safe-sex practices are essential. The importance should always be stressed for all MSM to request safer sex and to be open in their discussions with potential partners about the importance of the use of condoms, particularly during anal-receptive intercourse. Practitioners can assist with this as well in helping MSM male clients practice being assertive on this topic. Rehearsing what to say can allow the individual more comfort when the situation arises. Because HIV antibodies can take up to 6 months to react with standard HIV-screening tests (CDC, 2010), HIV serostatus is not an absolute certainty and reporting of a negative HIV serostatus within an Internet profile does not necessarily mean an individual is HIV-negative. Education on the limits of testing and

negative serostatus needs to be highlighted to prevent the assumption that a reported negative finding is indicative of just that. Discussion of the dangers of condomless sex and how to approach any sexual encounter with this expectation is a must. Behavioral rehearsal on what to say and how to say it can benefit all.

Lastly, all communications with this group should provide positive reinforcement on the benefits of utilizing safer-sex practices and how and when to request safer-sex practices from potential partners. In these discussions, communication should highlight how and why it worked and allow for generalization of this type of behavior to other situations. These successful interactions can also be used to help others who are struggling in similar situations. Additional data are needed to help determine which interventions are most cost-effective and provide the greatest impact in the prevention of HIV and STIs within this population.

REFERENCES

- Apostolopoulos, Y., Yorghos, S. S., Shattell, M., Kronenfeld, J., & Smith, D. (2011). Cruising for truckers on highways and the Internet: Sexual networks and infection risk. *AIDS Education & Prevention, 23*(3), 249–266. doi:10.1521/aeap.2011.23.3.249
- Benotsch, E., Martin, A., Espil, F., Nettles, C., Seal, D., & Pinkerton, S. (2011). Internet use, recreational travel and HIV risk behaviors in men who have sex with men. *Journal of Community Health, 36*(3), 398–405. doi:10.1007/s10900-010-9321-y
- Blackwell, C. W. (2009). Requests for safer sex among men who have sex with men who use the Internet to initiate sexual relationships: Implications for healthcare providers. *Journal of Lesbian, Gay, Bisexual, and Transgender Health Research, 5*(1), 4–9. doi:10.1080/15574090903327943
- Blackwell, C. W. (2010). The relationship among population size, requests for bareback sex, and HIV serostatus among men who have sex with men using the Internet to meet sexual partners. *Journal of Human Behavior in the Social Environment, 20*(3), 349–360. doi:10.1080/10911350903343925
- Bowen, A., Horvath, K., & Williams, M. (2007). A randomized control trial of Internet-delivered HIV prevention targeting rural MSM. *Health Education and Research, 22*, 120–127. doi:10.1093/her/cyl057
- Centers for Disease Control and Prevention. (2005). *Reported AIDS cases, by age category, transmission category, and sex, 2005 and cumulative—United*

- States and dependent areas (Table 17). Retrieved from http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2005report/pdf/table_17.pdf
- Centers for Disease Control and Prevention. (2010). *HIV testing basics for consumers*. Retrieved from <http://www.cdc.gov/hiv/topics/testing/resources/qa/index.htm>
- Centers for Disease Control and Prevention. (2011). *HIV in the United States*. Retrieved from <http://www.cdc.gov/hiv/resources/factsheets/PDF/us.pdf>
- Dawson, A. G., Ross, M. W., Henry, D., & Freeman, A. (2005). Evidence of HIV transmission risk in barebacking men-who-have-sex-with-men: Cases from the Internet. *Journal of Gay & Lesbian Psychotherapy*, 9, 73–83.
- Grov, C., Parsons, J. T., & Bimbi, D. S. (2008). In the shadows of a prevention campaign: Sexual risk behavior in the absence of crystal methamphetamine. *AIDS Education and Prevention*, 20(1), 42–55.
- Klausner, J. D., Levine, D. K., & Kent, C. K. (2004). Internet-based site-specific interventions for syphilis prevention among gay and bisexual men. *AIDS Care*, 16(8), 964–970.
- Klein, H. (2011). Substance use and abuse among men who use the Internet specifically to find sexual partners for unprotected sex. *Journal of Psychoactive Drugs*, 43(2), 89–98. doi:10.1080/02791072.2011.587391
- Lankenau, S. E., Clatts, M. C., Welle, D., Goldsamt, L., & Gwadz, M. (2005). Street careers: Homelessness, drug use, and sex work among young men who have sex with men. *International Journal of Drug Policy*, 16, 10–18. doi:10.1016/j.drugpo.2004.07.006
- Mimiaga, M. J., Reischer, S. I., Tinsley, J. P., Mayer, K. H., & Safren, S. A. (2009). Street workers and Internet escorts: Contextual and psychosocial factors surrounding HIV risk behavior among men who engage in sex work with other men. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 86(1), 54–66.
- Newman, P. A., Rhodes, F., & Weiss, R. E. (2004). Correlates of sex trading among drug-using men who have sex with men. *American Journal of Public Health*, 94, 1998–2003. doi:10.2105/AJPH.94.11.1998
- Parsons, J. T., Bimbi, D., & Halkitis, P. N. (2001). Sexual compulsivity among gay/bisexual males who advertise on the Internet. *Sexual Addiction & Compulsivity*, 8(2), 101–112. doi:10.1080/107201601753180684
- Parsons, J. T., Koken, J. A., & Bimbi, D. S. (2004). The use of the Internet by gay and bisexual male escorts: Sex workers as sex educators. *AIDS Care*, 16(8), 1021–1035. doi:10.1080/09540120412331292405
- Parsons, J. T., Koken, J. A., & Bimbi, D. S. (2007). Looking beyond HIV: Eliciting individual and community needs of male Internet escorts. *Journal of Homosexuality*, 53(1), 219–240. doi:10.1300/J082v53n01_10
- Payne, R. (2007). Str8acting. *Social Semiotics*, 17(4), 525–538. doi:10.1080/1035033007001637106
- Phua, V. C., Ciambone, D., & Vazquez, O. (2009). Advertising health status in male sex workers' online ads. *The Journal of Men's Studies*, 17(3), 251–258.
- Rhodes, S. D., Hergenrath, K. C., Yee, L. J., Knipper, E., Wilkin, A. M., & Omli, M. R. (2007). Characteristics of a sample of men who have sex with men, recruited from gay bars and Internet chat rooms, who report methamphetamine use. *AIDS Patient Care and STDs*, 21, 575–583. doi:10.1089/apc.2007.0002
- Sanchez, F., Vilain, E., Westefeld, J. S., & Liu, W. M. (2010). Masculine gender role conflict and negative feelings about being gay. *Professional Psychology, Research & Practice*, 41(2), 104–111. doi:10.1037/a0015805
- Smith, M. D., Grov, D. A., & Seal, D. W. (2008). Agency-based male sex work: A descriptive focus on physical, personal, and social space. *The Journal of Men's Studies*, 16(2), 193–209. doi:10.3149/jms.1602.193
- Teuscher, U., & Teuscher, C. (2007). Reconsidering the double standard of aging: Effects of gender and sexual orientation on facial attractiveness ratings. *Personality & Individual Differences*, 42(4), 631–639. doi:10.1016/j.paid.2006.08.020
- U.S. Census Bureau. (2011). *State and county quick facts: Florida*. Retrieved from <http://quickfacts.census.gov/qfd/states/12000.html>
- U.S. Department of Health & Human Services. (2011). *AIDS.gov: Respect yourself—Protect yourself!* Retrieved from <http://aids.gov/hiv-aids-basics/prevention/reduce-your-risk/sexual-risk-factors/#risky>
- Uy, J. M., Parsons, J. T., Bimbi, D. S., Koken, J. A., & Halkitis, P. N. (2004). Gay and bisexual male escorts who advertise on the Internet: Understanding reasons for and effects of involvement in commercial sex. *International Journal of Men's Health*, 3(1), 11–26. doi:10.3149/jmh.0301.11
- Williams, M., Bowen, A., & Ei, S. (2008). An evaluation of the experiences of rural MSM who accessed an online HIV/AIDS health promotion intervention. *Health Promotion Practice*, 11(4), 474–482. doi:10.1177/1524839908324783
- Wolitski, R. J. (2005). The emergence of barebacking among gay and bisexual men in the United States: A public health perspective. *Journal of Gay & Lesbian Psychotherapy*, 9(3/4), 9–34. doi:10.1080/19359705.2005.9962410