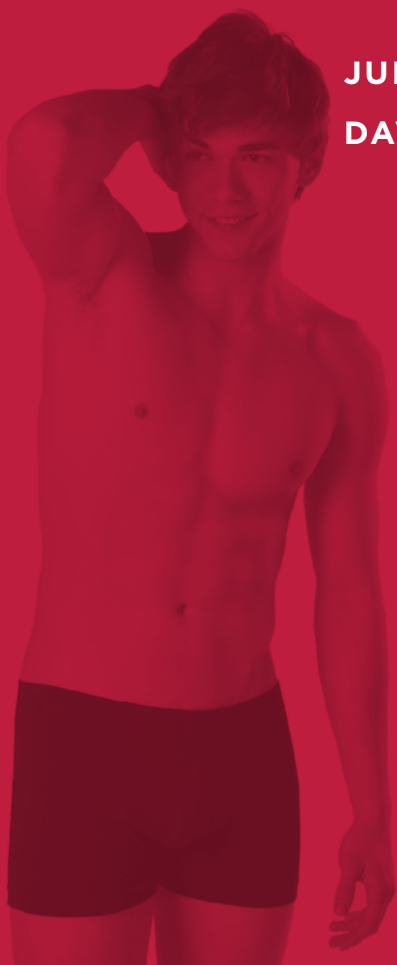


9

Mental Health Aspects of Male Sex Work

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“DEVIL WORSHIPPING MALE ESCORT ACCUSED OF KILLING SUGAR DADDY,” screamed a recent headline in the *New York Daily News* (Murphy, 2012). The piece described a gruesome murder allegedly committed by an 18-year-old male escort who reportedly participated in “satanic rituals.” The victim, a 36-year-old man who had apparently hired the escort after communicating with him on “gay websites,” was found bludgeoned and stabbed to death (see figure 9.1). The media coverage of the case painted a lurid picture of a mentally unstable young man who had recently begun working as an escort while employed at a low-paying retail chain by day. His victim and presumed client was an older man, a “sugar daddy” (at the age of 36) who reportedly owed the young man a substantial amount of money. The coverage reinforced and perpetuated the stereotype of the male sex worker as young, poor, mentally deranged, and criminal. The client was also portrayed stereotypically, as an older man who was victimized by the young sex worker.

Background

The image of the male sex worker (MSW) or “hustler” has long been associated with illness, danger, and deviance, in many ways mirroring the stigma of homosexuality (Bimbi, 2007; Scott, 2003). Historically, research has framed men’s participation in the sex trade as a symptom of pathology, delinquency, or antisocial behavior (Bimbi, 2007; Scott, 2003; Simon et al., 1992). Young MSWs also have been portrayed by some scholars as masculine heterosexuals who were seduced and indoctrinated into homosexuality by “perverted” older homosexuals (Scott, 2003), while others framed young male hustlers as a threat to their clients and to society (Kaye, 2003). This cultural narrative continues to be reflected in current portrayals of male prostitution in the media, such as the “Satan-worshipping escort” who allegedly murdered his “sugar daddy” client.

The gradual normalization of homosexual identity in research and popular culture has led to a shift away from explanations of men’s involvement in prostitution as a symptom or cause of pathology toward portrayals of MSWs as rational actors engaging in paid labor (Bimbi, 2007; Browne & Minichiello, 1995; Koken et al., 2004). The reframing of prostitution as sex work has been accompanied by an increased

Teen accused of killing 'sugar daddy' for \$800 was a devil-worshipping male escort: roommates

Friends say 18-year-old participated in satanic rituals

BY RHEANA MURRAY / NEW YORK DAILY NEWS

TUESDAY, APRIL 10, 2012, 5:45 PM



VOLUSIA COUNTY BRANCH JAIL

Dillon O'Donnell is charged with first-degree murder in the death of William Davis.

FIGURE 9.1

"Satan Worshipping Male Escort," *New York Daily News* headline for story by Rheana Murray.

Source: Mugshot courtesy of Volusia County Jail, Florida

focus on public health, particularly the risk of transmission of HIV and other sexually transmitted infections (described further in David Bimbi's chapter in this volume on MSWs and public health). However, while the framing of male prostitution has shifted from pathology to public health concerns (Ross et al., 2012; WHO, 2012), there has been little accompanying attention paid to the mental health of MSWs.

The Social Meanings of Male Sex Work

Research on the mental health of sex workers has largely focused on the needs of women. This may reflect a larger social bias toward framing women as “vulnerable/victims,” while men are seen as rational, agentic, and entrepreneurial, and therefore less vulnerable to emotional problems (Dennis, 2008; Marques, 2011).¹ Thus the literature on sex workers in many ways reflects larger paradigms of masculinity (rational, capable) and femininity (vulnerable, hysterical; Browne & Minichiello, 1996). Investigation into the mental health of MSWs in recent years spans two broad domains: (1) the personal impact of participating in sex work—a highly stigmatized activity—and how men manage and resist stigma; (2) the prevalence and correlates of mental health problems, physical health problems, sexual risk behaviors, and experiences or a history of victimization.

While the stigma of homosexuality has waned in the West in recent years (Minton, 2001), men's participation in “prostitution” remains a stigmatized activity (Browne & Minichiello, 1996; Koken et al., 2004; Morrison & Whitehead, 2005), as the media coverage of the Satan-worshipping male escort shows. MSWs are doubly marginalized, due to their participation in prostitution as well as engaging in sex with other men (Koken et al., 2004). These men must manage their own feelings and self-perceptions relative to being a sex worker serving male clients, as well as the potential judgments of their loved ones. Thus researchers have explored men's motivations for entering the highly stigmatized sex trade (Mimiaga et al., 2009; Smith et al., 2013; Uy et al., 2004) and their identity-management strategies for coping with or resisting the stigma associated with being an MSW (Browne & Minichiello, 1996; Koken et al., 2004; Mclean, 2012; Morrison & Whitehead, 2005).

Coping with Sex Work Stigma

Several studies have examined cognitive strategies for resisting or managing the stigma associated with being a prostitute. Many MSWs report highlighting the agentic and entrepreneurial aspects of their participation in sex work as a form of resisting being labeled as a prostitute by oneself or others (Browne & Minichiello, 1996). These men adopt a “sex as work” perspective, framing themselves as escorts, companions, or body workers/masseurs, or even adopting the term “sex worker.” Such men emphasize that they are professionals and entrepreneurs who perform a valuable service for their clients (Browne & Minichiello, 1996; Koken et al., 2004; Mclean, 2012; Morrison & Whitehead, 2005). Morrison and Whitehead (2005) describe this framing of escorting as a career as an identity-management strategy that men employ to resist the stigma associated with sex work. As part of this professionalization of sex work, men create and maintain personal boundaries to differentiate “work sex” from “personal sex” (Browne and Minichiello, 1996; McLean, 2012). These internal stigma-resisting and coping strategies help men create a meaningful self-narrative about their participation in the sex industry.

Whatever MSWs may think of their own work, they must confront the stigma associated with being a prostitute when faced with answering questions loved ones raise about their work. Erving Goffman's (1963) classic theory of stigma management provides a useful framework for interpreting men's strategies for managing the disclosure of sex work to loved ones (Koken et al., 2004). Some men choose “passing” as their preferred coping strategy, telling no one of their work and creating a cover story if necessary. More commonly, men choose to tell some trusted others—often other sex workers—about their work, a strategy Goffman termed “covering” (Koken et al., 2004; Mclean, 2012). Men rarely report openly identifying as a sex worker, using a stigma-resistance strategy to shift the social meaning of sex work away from stigma, an act similar to what feminist scholar Rhoda Unger terms “positive marginality” (Koken, Bimbi, & Parsons, 2007). Unfortunately, many male escorts—particularly those who work online and independently—report feelings of social isolation due to the perceived need to keep their work secret from loved ones and community mem-

bers (Koken et al., 2004; McLean, 2012; Mclean, 2012). Conversely, a study of a rural escort agency in the northeastern United States (Smith et al., 2013; Smith & Seal, 2008) found that the escort agency structure and physical space (a large home where men worked and sometimes resided) facilitated socializing with other MSWs and even peers, thereby increasing men's access to social support.

Studies of stigma coping and resistance strategies have primarily investigated samples of MSWs who enjoy a certain degree of economic and social-class privilege. Men in most of these samples (Koken et al., 2004; Mclean, 2012; Morrison & Whitehead, 2005) worked independently, advertising through the Internet in developed Western nations such as the United States, Australia, and Canada. However, modern research focusing on street-based MSWs and those in developing nations tends to be more epidemiologically focused (Minichiello, Scott, & Callander, 2013); when psychological issues are measured, they typically are limited to experiences of trauma and violence. It is difficult to say if the stigma-management and resistance strategies described above (Browne & Minichiello, 1996; Koken et al., 2004; Mclean, 2012; Morrison & Whitehead, 2005) would generalize to men working in less privileged circumstances. However, the stigma attached to men's participation in prostitution appears to be pervasive, crossing boundaries of geography and social class.

Mental Health Issues among Male Sex Workers

The literature on stigma and coping among MSWs is part of a larger body of work exploring mental health among people with "concealable stigma," including but not limited to being a sex worker, a sexual minority (such as being gay or preferring less common sexual activities such as domination/submission), infected with HIV, or having other concealable, potentially discrediting characteristics. Thus, MSWs, like others with concealable stigmas, may potentially be more vulnerable to mental health problems (Cole, Kemeny, Taylor, & Visscher, 1996; Frable, Platt, & Hoey, 1998; Huebner, Davis, Nemeroff, & Aiken, 2002; Meyer, 2013; Shehan et al., 2003). These poor mental health outcomes may be related to the chronic stress and social marginalization often experienced by those who engage in stigma-management strategies

(Link & Phelan, 2006; Meyer, 2013) and have limited access to social support from peers and loved ones, who frequently are not aware of their stigma (Frable et al., 1998).

Although cross-sectional samples make it difficult to identify the cause or predictor of mental health outcomes, it does appear that MSWs as a population are more vulnerable to mental health problems. This has been found even among relatively privileged samples of men. In one sample of 30 male escorts working at a rural escort agency in the northeastern United States (Smith & Seal, 2007), high rates of psychiatric distress were reported, with 14 of the 30 men scoring in the clinical range. Among street-based MSWs, rates of mental health problems are even higher. One sample of 32 MSWs in a northeastern U.S. urban center reported that over one-third of the sample had been diagnosed with depression at some point, with street-based MSWs the most likely to report a history of inpatient psychiatric treatment (Mimiaga et al., 2009). Among a small sample ($n = 12$) of street-based MSWs in Dublin, Ireland, half reported suicidal ideation and two-thirds were experiencing severe to moderate levels of depression (McCabe et al., 2011).

Substance Use and Male Sex Work

Given the high rates of mental health issues reported across samples of MSWs, it is unsurprising that substance use and abuse appear to be higher among this population as well. Much of the research on substance use among MSWs concerns its associations with sexual risk behavior (for exploration of this phenomenon, see David Bimbi's chapter in this volume on MSWs and public health). Again, this focus reflects a larger concern with MSWs as a public health issue, rather than with the mental health of sex workers themselves.

For MSWs, alcohol and/or drug use may facilitate encounters with clients (Bimbi, Parsons, Halkitis, & Kelleher, 2001; Mimiaga et al., 2009) or be used to cope with negative emotions related to performing sex work (Mimiaga et al., 2009). Conversely, sex sometimes may be exchanged for drugs or to earn money to buy drugs, particularly among street-based samples (McCabe et al., 2011; Mimiaga et al., 2009). Men also may use alcohol or drugs for relaxation and entertainment just as

others do: use of substances by MSWs should not be problematized per se or immediately assumed to be “caused” by being a sex worker; nor should reporting use of alcohol or drugs (without a measure of substance dependence) be misconstrued as evidence of addiction. However, given the limitations of most research with MSWs (small, nonrandomly selected, cross-sectional samples), it can be difficult to tease out causal relationships (if any do exist) between substance use/abuse and sex work among men.

While substance use among MSWs appears relatively common across venues (e.g., the street, Internet), the types of substances used and patterns of use differ between samples. For example, in one study comparing street-based to Internet-based MSWs in a northeastern U.S. urban center, high rates of alcohol problems were reported, with 50 percent of men screening as potentially alcohol dependent (Mimiaga et al., 2009). Similar findings were reported among a small sample of 12 MSWs working on the streets of Dublin, where more than half the men screened as potentially alcohol dependent (McCabe et al., 2011). Men working the street in a large northeastern U.S. city were more likely to report cocaine or crack use and a history of substance abuse treatment, while Internet-based escorts reported more crystal methamphetamine use, perhaps reflecting the social framing of this as a “club drug” known for enhancing sexual experiences among men who have sex with men (Mimiaga et al., 2009). Among men working at an escort agency in a rural northeastern U.S. town (Smith & Seal, 2007), over one-fourth of the sample reported having a substance problem, and over one-third reported having had such problems in the past. While these samples draw from very different populations and are not large enough to generalize to MSWs globally, they indicate that substance use problems may be very common among MSWs across venues, although differences in the substances abused may emerge between street-based men and those who are escorts, based on local trends and availability of illicit substances.

Experiences of Childhood Abuse among Male Sex Workers

Many researchers exploring mental health issues among MSWs inquire about men’s experiences of abuse as children. The relationship between

mental health issues among adult MSWs and childhood experiences of violence and abuse are undoubtedly complex. The few studies exploring this issue are limited by small, cross-sectional samples, and therefore cannot establish a causative relationship between childhood abuse and adult sex work. Nevertheless, rates of childhood sexual abuse appear to be alarmingly high among some samples of MSWs. Nearly one-half (5 out of 12) of a small sample of street-based MSWs in Dublin reported a history of childhood sexual abuse (McCabe et al., 2011). Over 40 percent of men in a sample of both street-based and Internet-based MSWs in the urban northeastern United States reported experiences of sexual abuse as children (Mimiaga et al., 2009). Over one-fourth (28.3 percent) of male escorts in another U.S. city reported a history of sexual abuse as children, and these men also had higher rates of internalized homophobia and reported greater sexual risk behavior with clients (Parsons et al., 2005). Among a sample of 30 male escorts in a rural area of the northeastern United States, only six men (20 percent) reported a history of childhood sexual abuse; however, a majority of the sample (67 percent) reported a history of childhood (nonsexual) physical abuse, which often was not measured in other samples. Overall, it appears that experiences of childhood abuse among MSWs may be common, although not always more common than among comparable samples of gay and bisexual men (Parsons et al., 2005). However, given the lack of large random samples of diverse MSWs, it is difficult to assess whether rates of childhood abuse are indeed higher among MSWs than they are among comparable samples of men who are not sex workers but do have sex with men.

Experiences of Violence among Male Sex Workers

Reported rates of adult experiences of violence or sexual assault at the hands of clients, law enforcement, or other perpetrators are similar to rates of childhood sexual abuse among MSWs. Among male escorts in a rural area in the northeastern U.S., 20 percent reported having experienced physical or sexual assault as adults; it was unclear whether the perpetrators were clients or other individuals (Smith & Seal, 2007). High rates (43.7 percent of sample $n = 50$) of sexual assault at the hands of clients were reported by young (ages 18-32) male Cambodian


erotic masseurs (Davis & Miles, 2012). One-fourth of U.S. street-based and Internet-based MSWs reported experiencing sexual assault as an adult (Mimiaga et al., 2009). Another sample of MSWs from various sex work venues who were attending a sex worker health clinic in San Francisco reported high rates of “sex work related violence,” with 18 percent of the sample experiencing violence from clients, 3.2 percent from a third party (manager/employer/pimp), and 4.8 percent from police (Cohan et al., 2006). In another study, nearly half (48.83 percent) of the MSWs in a Brazilian sample reported experiencing violence at the hands of clients (Cortez, Prado, Boer, & Baltieri, 2011). In one sample of MSWs in the United Kingdom, sexual assault at the hands of clients was reported by just over 16 percent of men; many of these instances of violence related to disagreements over a client’s desire to have sex without condoms (Jamel, 2011). Taken together, these findings indicate that men working in the sex industry are vulnerable to victimization at the hands of clients, law enforcement, or other parties, contrary to the masculinist narrative of MSWs as agentic, and thus less vulnerable, than female sex workers (Dennis, 2008). Certainly, these accounts of MSWs as victims of violence at the hands of clients contradict earlier framing of MSWs, especially street-based MSWs, as antisocial and a danger to clients and the larger community (Kaye, 2003).

Conclusions

A limited number of meaningful conclusions can be drawn from studies reporting on mainly small and disparate samples of MSWs who are drawn primarily from Western developed nations. In fact, it might be fair to question the grouping of diverse populations, such as heterosexual men working the streets of Ireland, relatively privileged gay and bisexually identified male escorts advertising on the Internet in the urban northeastern United States, and impoverished male sex workers in Cambodia (Agustin, 2007; Pisani, 2008). Furthermore, the exploration of mental illness, substance abuse, and trauma among men working in the sex industry continues to reflect a paradigm of male sex work as a social problem (Bimbi, 2007; Scott, 2003), often neglecting an exploration of men’s psychological resilience, health, and coping strategies (Koken et al., 2007). Current research on the mental health of

ESCORT'S TIPS OF THE TRADE

@WORK



COMMUNICATE
Strong communication makes your sessions enjoyable. Learn your client's interests while letting them know things that turn you on. Begin a session asking what fantasies they have, what excites them. To encourage them to open up, share something you are comfortable sharing. And listen.

CARE FOR MIND & BODY
Practice safer sex. Properly use condoms. Too many drugs and late nights can wear down your system, so plan ahead on taking breaks. Shower between clients, and use that time to renew yourself. It never hurts to have a snack handy to get ready for the next session. Plan getaways for your mind to relax and unwind, as well.

SET CLEAR BOUNDARIES
Making a contract with yourself will help define what you are willing and not willing to do during a session. In the heat of the moment or under pressure, it can be more difficult to stick to your own guidelines, so take a few minutes before a session to remember your own rules, communicate them to your client, and allow yourself to relax.

KEEP CONTROL
You are the guide - you can set the course of the session. If the client looks stronger than you, make sure they aren't in any positions that could compromise your boundaries. For a first time client, stay cautious and aware of their actions. Stay confident and guide them through the session to stay safely in charge.

LEAVE IF YOU MUST
If you feel threatened or even a little uncertain about a client, it is best to walk away. If you are engaged in a session and the client is pushing your limits, try reaffirming them. But if they don't listen, leave by any means necessary. You are not required to complete a session, and while it sucks to not get the cash, it's better to seek a safe space.

HOOK brought to you by SACRD, PONY, Harm Reduction Coalition, and HOOK
more info at <http://www.hookonline.org/nyc>

FIGURE 9.2

“Escort Tips of the Trade @ Work;”

a handout from HOOK Online.

Reprinted with permission from HOOK Online.

ESCORT'S TIPS OF THE TRADE

@PLAY



COMMUNICATE
If we can be upfront with a client, we can be upfront with the people we are dating or having sex with for fun. Listen. Share what turns you on and your concerns. Listen. Take time to learn about each other and you might find each other coming back for more! Oh yeah, and listen.

CARE FOR MIND & BODY
Building the body beautiful helps your sessions with clients, but building the body healthy will keep you going for a long time. Learn to eat well and find escapes that allow you good rest. Balance out the party time with some quiet hours to relax and clear your mind of work and personal issues. And a routine check-up with a doctor you trust (or a free public health services provided physician) will help make sure you continue being the body breathing.

SET CLEAR BOUNDARIES
It's not work, of course, but letting people know you what you will and won't do is a big benefit when you are dating or being a total sexpig. It can save some awkwardness in the heat of the moment and keep you true to how you like to play.

KEEP CONTROL
Escaping the job sometimes means getting all piggy with the nightlife (and the sex life), but keeping your senses with a stranger/fuckbud/boyfriend is no different than keeping your wits with a client. Enforce your boundaries. You don't always have to guide your personal life, but make sure that your limits are being respected.

LEAVE IF YOU MUST
Not an ideal outcome, but you gotta remember that whether it is a fuckbud or a date, you can leave if they are making you uncomfortable or not respecting your boundaries. Abusive boyfriends are never worth the price of losing your safety.

HOOK brought to you by SACRD, PONY, Harm Reduction Coalition, and HOOK
more info at <http://www.hookonline.org/nyc>

FIGURE 9.3

“Escort Tips of the Trade @ Work,”
additional view of handout from HOOK Online.
Reprinted with permission from HOOK Online.

MSWs, sparse as it is, mainly represents the experiences of Western men and draws from samples that are quite small and lacking in diversity. This poses a significant limitation on our ability to draw any real conclusions about the mental health of MSWs as a population, but it does provide a good deal of direction for future research.

In order to move beyond a patchwork of descriptive findings that report rates of mental health problems and experiences of violence among different groups of MSWs, a larger theoretical rationale must be developed to support grouping men under the heading of “sex workers” and determining which variables warrant study. The potential for reaching men working in the sex industry while sampling them within their larger communities also presents an opportunity to examine between-group and within-group diversity in samples of sex workers and non-sex workers. To identify predictors of mental health outcomes, longitudinal research must be conducted, ideally as part of a larger sample of men who may or may not engage in sex work. Some research has identified overlap between samples of MSWs and clients of sex workers (Koken, Parsons, Severino, & Bimbi, 2005; Pisani, 2008), which highlights the complexity of men’s positions within their larger communities and changes in sexual behavior over the lifespan. It is likely that such findings would be more widely reported if researchers were asking a broader variety of questions of their study participants. Finally, research that approaches sex work as only one aspect of a man’s life experience might lead to diversification in the representation of MSWs in the media and a shift in the cultural meanings attached to male sex work.

*Figure 9.2 and figure 9.3 are from printed and online materials distributed by HOOK Online, Inc., a U.S.-based grassroots program that supports men who are or were involved in the sex-work industry. According to its mission statement, “HOOK educates men in the sex industry, clients, and the public about sex work to reduce harm and to develop a network of service providers and nonprofit programs.” Their program is about “encouraging dialogue between men in the sex industry about choices for health and wellbeing; promoting visibility and representation of the needs and issues of men in the sex industry within public and private forums; fostering informed discussion about men in the sex industry; encouraging sex industry businesses to recognize their role as conduits in communicating with men in the sex industry by adopting harm reduction efforts as responsible business practice; [and] aiding social service providers to respond in a non-stigmatizing manner to the needs of men in the sex industry.”

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Endnote

1 “Agentic” refers to the ability to make choices.