

M is for Mutual A is for Acts

Male Sex Work and AIDS in Canada

Written by

Dan Allman

In cooperation with Health Canada, AIDS Vancouver, Sex Workers Alliance of Vancouver, and the HIV Social, Behavioural and Epidemiological Studies Unit, University of Toronto

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**HIV
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and
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A is for ACTS

1. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984.

2. Maggie's, *Healthy Hustling*, 1994.

3. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985.

4. Shaver, F., "The Regulation of Prostitution: Avoiding the Morality Traps," *Canadian Journal of Law and Society*, 1994.

5. Highcrest, A. and Maki, K., *Prostitutes: AIDS Prevention in Their Private Lives*, alternately titled *When Love is Illegal: AIDS Prevention in the Context of the Private Sex Lives of Prostitutes*, paper presented to the VIIIth International Conference on AIDS, Amsterdam, Netherlands, July 1992.

6. Maggie's, *Maggie's Zine*, Winter 1993-94.

Prologue

Prostitution is big business in Canada.¹

Hustlers are leaders in the fight against AIDS. We not only work safe, we often teach clients about condoms and how to use them properly.²

Recent public concern about STDs has probably been influenced by accounts in the media of homosexual men who have contracted AIDS. ... Our understanding of its causes and the manner in which it is passed from one person to another is incomplete. Nevertheless, it appears that high levels of sexual activity with a variety of partners [are] a greater factor in the spread of the disease than is prostitution ... at this time any notion that prostitutes play a decisive role in the spread of the disease is unsubstantiated.³

Both male and female sex workers have reported having regular HIV tests, and both have prevalence rates that are not significantly higher than [those of] the general Canadian population.⁴

The biggest barrier to prostitutes accessing AIDS prevention information is the criminalization of our work. The bawdy-house laws can get us for working inside and the soliciting laws can get us for working on the street. It's difficult for us to stand up and tell you what we need, or to come together and do it ourselves, when we are always trying to stay one step ahead of the police. You don't get much useful AIDS prevention information in prison.⁵

All people need the right to explore and challenge attitudes about sex. Young people need the right to represent themselves and their sexuality in any way they choose to as long as they are not breaking the law. Youth have a right to explicit safe sex information about themselves which could potentially save their lives. And street youth need to be able to broaden their choices so that they can truly choose without the threat of police harassment and prosecution which only limits their future choices and guarantees that they stay on the street.⁶

Because we are prostitutes, we are or can be at high risk for sexually transmitted diseases, but I want you to know that most of us practise proper safe sex, probably more than the general public.⁷

One of the things that amazed me was just how diverse the backgrounds of the boys were. I remember a blind boy with his guide dog. I remember a deaf boy from Italy who came here because the school for the deaf here is world renowned. I remember an Asian boy, Bentley and a couple of other black boys, several native boys, Latin American immigrants (including one who married a friend and stayed in the country). Other boys with university educations like me, a boy from Florida, boys from Halifax and Vancouver working for the summer. ... I remember guys as old as 35 and met boys as young as 14. ... I used to joke about the fact that at a time when “employment equity” was the PC buzzword, we were one of the few workplaces that really had it.⁸

There is considerable variation in the practices of sex workers and the conditions affecting their health and safety. Studies of HIV infection among sex workers often draw on samples that are not necessarily representative of all types of sex workers. As a result it is difficult to generalize about the risks to the health of sex workers, including the risk of HIV infection, from one locale to another.⁹

7. Canadian Child Welfare Association, *Proceedings of the National Consultation on Adolescent Prostitution, 1987.*

8. Andrew Sorfleet, written communication.

9. de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998.

Preface

10. Gilbert, S., *Hustling: A Theatrical Investigation Into Male Prostitution*, unpublished manuscript, Toronto, Buddies in Bad Times Theatre, 1986.

This document is a literature review of male sex work in Canada, with an emphasis on HIV and AIDS. It gathers and summarizes past and present writings on male sex work. The objective is to make a resource document available to focus health discussions about male sex work in relation to HIV and AIDS. One goal is to help the reader better understand some of the current realities of sex work in Canada. Another is to inform the very pressing legal, ethical and policy debates on the roles and rights of sex workers in Canadian society. Although this document has attempted to be comprehensive, it is possible that information has been missed or misinterpreted. This is not the fault of the sources, but rather that of the author.

Win: Now on that table there, is a piece of paper with a glossary of terms, it's kind of a dictionary.

Jim: (*Picking it up*) I got it.

Win: Now I am going to ask you if you engage in particular acts with your clients, and I want you to look at your little dictionary there and tell me if in fact you do engage in these acts. Here we go. (*He looks down at his sheets.*) Fellatio in which you are the active partner.

Jim: Ahh ... (*looks down*) Yup.

Win: Fellatio in which you are the passive partner.

Jim: Ahh ... yup.

Win: Mutual masturbatory acts.

Jim: M for mutual or A for acts? Got it, yup.

Win: Anal intercourse in which you are the active partner.

Jim: Yup.

Win: Anal intercourse in which you are the passive partner.

Jim: No way man. Nobody goes near my ass ...¹⁰

2.

Introduction

While Canadian federal and provincial governments have sponsored a number of consultations and research initiatives concerning sex work over the past 25 years, virtually no documentation exists that looks at male sex work specifically.¹¹ Most Canadian research and attention have focused on female sex workers, as they are involved in an estimated 80% of interactions where money is exchanged for sex.

The erratic data on male sex workers imply that they may be more at risk than female sex workers for infection and transmission of STDs – including HIV – due to age, level of knowledge, multiple risk-taking activities and sexual activities which involve acts and partners which themselves may pose a higher risk of infection and transmission.

Sources of information

The information used in this project was gathered from university and reference libraries; municipal, provincial and federal libraries and archives; community-based resource centres; public health departments; and sex workers' alliances such as CORP (the Canadian Organization for the Rights of Prostitutes), Maggie's (Toronto) and SWAV (the Sex Workers Alliance of Vancouver).

Also, many past and ongoing HIV prevention studies of populations at particularly high risk for HIV infection have collected some data on male sex work.¹² These too have been important sources of information.

This document is not limited to published sources, but includes sources that are either a matter of public record or used with permission (such as written communications). The focus will be limited primarily to male sex work, though studies of female sex work will occasionally be drawn upon for contextual or comparative purposes. This document focuses almost exclusively on Canadian research, authors and activists.

Transgendered sex workers

This paper does not consider the role of transgendered sex workers. This is due largely to the thoughts of Namaste (1995), who believes that, regardless of anatomy, transgendered sex workers may not

11. Allman, D., Sorfleet, A., Schellenberg, J. and Linnebach, K., *Male Sex Work and HIV/AIDS in Canada: Research, Outreach and Advocacy*, paper presented to the Tenth Annual B.C. HIV/AIDS Conference, Vancouver, October 1997; Allman, D. and Myers, T., *Examining the AIDS Knowledge, Experiences and Behaviours of Canadian Male Sex Workers*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, April/May 1998; Allman, D. and Myers, T., "Male Sex Work and HIV/AIDS in Canada," in Aggleton, P., ed., *Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS*, London, UCL Press, 1999.

12. Such as studies of injection drug users, street youth and men of different sexual identities who have sex with men.

13. Namaste, K., *HIV/AIDS and Transgender Communities in Canada: A Report on the Knowledge, Attitudes and Behaviour of Transgendered People in Canada with Respect to HIV and AIDS*, Toronto, genderpress, 1995; Namaste, K., Laframboise, S. and Brady, D., *Transgendered People and AIDS: An Introduction to Transgendered People's Concerns Regarding HIV and AIDS*, Vancouver, High Risk Project Society, 1996.

14. In 1977, Constable Forbes of the Vancouver Police Department reported to the city that 1) males do not appear to have psychological dependence on pimps as do female prostitutes; 2) males do not tolerate physical abuse by pimps; they simply leave town; and 3) prices for male prostitutes' services are generally lower than those of female prostitutes, who usually support pimps. Experts believe that male prices would be higher if pimps were involved. Forbes, G. A., *Street Prostitution in Vancouver's West End*, prepared for the Vancouver Police Board and Vancouver City Council, Vancouver, Vancouver Police Department, 1977, p. 5.

self-identify as male sex workers. Namaste also believes that many of the issues related to HIV and AIDS are distinct for this population and that, for both of these reasons, transgendered sex workers should be considered separately.¹³

However, in cases where data on transgendered sex workers are integral to a study's sample and reported findings, this information has been included.

Pornography, stripping and pimping

This document also does not tackle forms of male sex work significantly less researched than prostitution, such as male pornography, male stripping and the pimping of male sex workers.¹⁴ This is not because these occupations are uninteresting or unimportant, but purely because of the lack of information.

What this investigation does do is provide a rational discussion regarding health promotion and sex work in Canada. It recognizes that the legal issues confronting sex work in Canada cannot be divorced from HIV- and AIDS-related issues, the consequences of which sex workers and their clients actively experience.

3.

A History of Male Sex Work in Canada

Sex work is big business in Canada. How big? No one knows. There are a number of reasons for this.

First, sex work is largely illegal and many sex workers are hidden or invisible, often working indoors. Second, people don't always agree on how to define male sex work. Finally, sex workers can move around and drop in and out of the industry. It is particularly difficult to estimate the number of escorts and independent advertisers in a city, as these men sometimes change their names, addresses and telephone numbers to avoid contact with police.¹⁵

Not the oldest profession

Contrary to popular myth, sex work is not the oldest profession in Canada. Though there are some accounts of prostitution-like relations among First Nations peoples, it is generally believed that sex work was first introduced on Canadian soil by Europeans.¹⁶

Early writings on female sex work from the late 19th and early 20th centuries cover mainly *public*, or visible, sex workers. There is no early writing on the more hidden aspects of commercial sex, as these have historically fallen outside the jurisdiction of the law and the police.¹⁷

Much of the public's discomfort with sex work is rooted in the fear of the sex worker as carrier of sexually transmitted disease.¹⁸ This fear is not new, and can be traced to the period leading up to the First World War, at which time there was great public concern regarding the spread of venereal disease from sex worker to soldier. This was because "venereal disease was rampant in the Canadian military."¹⁹ So the control of sex work was closely intertwined with the control of the spread of sexually transmitted diseases. And predictably, "little attention was paid to the male role, whether it be passing VD on to their wives" or spreading it among sex workers.²⁰

Male sex work in an era of STDs

Most of the information gathered for this document was initiated in the mid-1970s, when, for example, there was a noticeable increase in male street sex workers in Vancouver, with estimates of 200 adult and

15. International Conference on Prostitution and Other *Sex Work, Participation Kit*, Montreal, Quebec Public Interest Research Group at McGill University, 1996.

16. Canadian Advisory Council on the Status of Women, *The Social History of Prostitution in Canada*, Ottawa, Canadian Advisory Council on the Status of Women, 1983.

17. Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991.

18. Brock, D., "Prostitutes are Scapegoats in the AIDS Panic," *Resources for Feminist Research*, 1985, 18, 2, pp. 13-17.

19. Larsen, E. N., "Canadian Prostitution Control Between 1914 and 1970: An Exercise in Chauvinist Reasoning," *Canadian Journal of Law and Society*, 1992, 7, 2, p. 141.

20. *Ibid.*, p. 144.

21. Lowman, J., "Prostitution in Vancouver: Some Notes on the Genesis of a Social Problem," *Canadian Journal of Criminology*, 1986, 28, 1, pp. 1-16; Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991.

22. Moyer, S. and Carrington, P., *Street Prostitution: Assessing the Impact of the Law*, Toronto, Ottawa, Minister of Justice, 1989; Achilles, R., *The Regulation of Prostitution*, background paper presented to the City of Toronto Board of Health, Toronto, City of Toronto Public Health Department, April 24, 1995; Brock, D., *Making Work, Making Trouble: Prostitution as a Social Problem*, Toronto, University of Toronto Press, 1998; Allman, D. and Myers, T., "Male Sex Work and HIV/AIDS in Canada," in Aggleton, P., ed., *Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS*, London, UCL Press, 1999.

23. Moyer, S. and Carrington, P.J., *Street Prostitution: Assessing the Impact of the Law*, Toronto, Ottawa, Minister of Justice, 1989.

24. 10% in Vancouver, 18% in Calgary, <20% in Montreal, 25% in Toronto and 33% in Halifax. This corresponds roughly with the Fraser Committee's (1985) estimate that, overall, 25% of sex workers in Canada were male.

25. A *stroll* or *track* is a geographic location such as a street or a neighbourhood that is known for sex work.

26. Fleischman, J., *Violence Against Prostitutes in Halifax*, Criminal Law and Young Offenders Research Unit, Research, Statistics and Evaluation Directorate, Policy Sector, Department of Justice, Technical Report #TR1996-16e, Ottawa, Department of Justice, 1995.

27. Prostitutes' Safe Sex Project, *Prostitutes' Safe Sex Project, What Is It and How Does It Work*, Toronto, Prostitutes' Safe Sex Project, 1991; Andrew Sorfleet, written communication.

28. Research Subgroup of the Sexually Exploited Youth Committee of the Capital Regional District, *A Consultation with 75 Youth Involved in the Sex Trade in the Capital Regional District (CRD)*, Victoria, Capital Regional District, 1997; Caputo, T., Weller, R. and Kelly, K., *Phase II of the Runaways and Street Youth Project: The Ottawa Case Study*, Policing Division, Solicitor General of Canada, Final Report #1994-11, Ottawa, Ministry of Supply and Services Canada, 1994a, cited in Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998.

29. Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998, p. 34.

younger male sex workers in the downtown area on a regular or part-time basis.²¹ Some of the first media reports which introduced male sex work to the Canadian public were published in the late 1970s, when street sex work in Toronto began to be seen as a community problem. There is a consensus that it was clean-ups like those of Toronto's Yonge Street that led to the growth of visible street sex work in Canada.²²

And visible it became. In the late 1980s, the Department of Justice estimated²³ that between 10% and 33% of street sex workers in a number of large Canadian cities were men.²⁴ In Halifax, "the male prostitution stroll²⁵ on Citadel Hill had in the past and still has 4 or 5 prostitutes working on any evening."²⁶ More recently, sex workers themselves have estimated that in a major city like Toronto there may be approximately 200 male workers working indoors and 150 male sex workers working outdoors during any one season.²⁷

Certainly, estimates of the numbers of males involved in prostitution vary. A study conducted in Victoria in 1997 reported that nearly an equal number of male and female youth responded to advertisements requesting interviews, and a 1994 Ottawa study reported that 54% of sex worker respondents recruited by street outreach workers were male.²⁸

As estimates of the numbers of females and males involved are usually dependent upon arrest statistics, the gender differences may be exaggerated by police enforcement practices such as a reluctance to *sting* males who sell sex.²⁹

4.

Male Sex Work and the Canadian Criminal Code

Canada's first laws aimed at controlling sex work were brought to English-speaking Canada directly from Britain. These were the vagrancy laws of the Nova Scotia Act of 1759. Various modifications were introduced in the 19th century prior to the creation of the first Canadian Criminal Code, published in 1892. It is this same Criminal Code upon which today's criminal laws regarding sex work are based.³⁰ According to these laws, it is legal for adults to sell sex for money. What is *illegal*, however, are many of the behaviours and circumstances associated with sex work. It is illegal

- to communicate in a public place (this is true for the customer as well as the prostitute) for the purpose of engaging in prostitution;³¹
- to keep or be an inmate of a common bawdy-house;³²
- to provide directions, take or show someone to a common bawdy-house;³³
- to procure or assist or obtain a person for sexual services on behalf of a third party. This includes “procuring a person to have illicit sexual intercourse with another person,” “procuring a person to become a common prostitute” and “procuring a person to enter or leave Canada for the purpose of prostitution” (the latter provisions are not aimed at prostitutes but are designed to prevent persons from being forced into a life of prostitution);³⁴
- to live on the avails or benefit from the prostitution of another person;³⁵ and
- to purchase or offer to purchase sexual services from someone under 18 years old.^{36, 37}

Other sections of the Criminal Code which have been used to control some of the public nuisance related to sex work in Canada³⁸ include those which refer to performing indecent acts,³⁹ causing a disturbance,⁴⁰ loitering and obstruction⁴¹ and trespassing by night.⁴²

In essence, “the law is silent on when and under what conditions prostitution is allowed to occur.”⁴³

30. Lowman, J., “Prostitution in Canada,” in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991.

31. Section 213.

32. Section 210.

33. Section 211.

34. Section 212.

35. Section 212.

36. Section 212(4).

37. See MacDonald, N. E., Fisher, W. A., Wells, G. A., Doherty, J. A. and Bowie, W. R., “Canadian Street Youth: Correlates of Sexual Risk-Taking Activity,” *Pediatric Infectious Disease Journal*, 1994, 13, 8, pp. 690-97; Federal-Provincial-Territorial Working Group on Prostitution, *Dealing With Prostitution in Canada: A Consultation Paper*, Ottawa, Department of Justice, 1995a; International Conference on Prostitution and Other Sex Work, *Participation Kit*, Montreal, Quebec Public Interest Research Group at McGill University, 1996; Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998; see also the work of John Lowman.

38. See Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998.

39. Section 173.

40. Section 175.

41. Section 175.

42. Section 177.

43. Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998., p. 4.

44. Section 195.1.

45. See R. v. Obey, 1973; Willmot, J., *The Osgoode Women's Caucus Brief on Prostitution*, Toronto, Osgoode Hall, 1980-81; also National Association of Women and the Law, *Position Paper of the Montreal Association of Women and the Law on Soliciting*, Montreal, National Association of Women and the Law, 1980.

46. Now section 213.

47. See Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998.

48. Minutes of the Proceedings and Evidence of the Legislative Committee on Bill C-49 for October 10, 1985, p. 42, cited in National Association of Women and the Law, *Prostitution: Bill C-49, Four Years Later*, Ottawa, National Association of Women and the Law, 1989, p. 10.

49. Graves, F., *Street Prostitution: Assessing the Impact of the Law, Halifax*, Ottawa, Department of Justice, 1989, p. 50.

Vag-C: Discriminatory legislation

Establishing the legal history of male sex work in Canada is difficult. Prior to 1972, the section of the Canadian Criminal Code designed to control street sex work was sexist and highly discriminatory against women. By definition, a prostitute was considered a female and men were immune from the law when selling sex for money. This changed in 1972, when a law known as Vag-C, or the soliciting law, was repealed, and a law prohibiting soliciting was added to the Criminal Code.⁴⁴ Now, male sex workers could be prosecuted. In 1973 the terms “male prostitute” and “male prostitution” were first applied in the federal courts of British Columbia, where, in a precedent-setting ruling, a male sex worker (dressed as a woman) was first convicted.⁴⁵

Bill C-49: The communicating law

In 1985, a new law was passed by the federal government. Bill C-49,⁴⁶ or the communicating law, was an amendment (or, as some believe, a rewrite) to the soliciting law. Among other things, this was an attempt to equalize the enforcement of these laws between men and women. It includes the term *every person*, meaning that not only could both men and women be charged with prostitution-related offences, but both sex worker and client could be as well.⁴⁷ In terms of male sex work, some believe that Bill C-49 was unsuccessful because male sex work was a relatively small industry and often difficult to distinguish from gay cruising.⁴⁸

Although these amendments were first made in the early 1970s, and later in the mid-1980s, the laws have never been applied in the same way to male sex workers as they have been to female sex workers. A Halifax report published in 1989 found that charges against male sex workers made up only 11% of all charges laid against sex workers in Halifax. These findings contradict statements made by local police authorities, who reported that the laws were applied equally to male and female sex workers and their clients. Graves (1989) wrote that this discrepancy was “not altogether surprising given the uneasiness around homosexuals traditionally expressed by the police.”⁴⁹

And under Bill C-49 female sex workers were still charged more frequently than male sex workers. For example, one study found that female sex workers were charged, on average, twice a year, whereas male sex workers were charged less than once every two years.⁵⁰ In Toronto, a sample of arrests showed that 17 times as many female as male sex workers were charged during 1986-87.⁵¹

Literature from Montreal's International Conference on Prostitution and Other Sex Work (1996) indicates that a female sex worker will be arrested an average of 1.37 times per year, compared to 0.37 times for a male sex worker. In Montreal, for example, between 1986 and 1991, 6,493 female sex workers were arrested, compared to 1,746 male sex workers.⁵²

50. See Fleischman, J., *The Evaluation of the Street Prostitution Legislation: A Summary of Research Findings*, Ottawa, Department of Justice, 1989; Gemme, R. and Payment, N., "Criminalization of Adult Street Prostitution in Montreal: Evaluation of the Law in 1987 and 1991," *Canadian Journal of Human Sexuality*, 1992, 1, 4, pp. 217-20, cited in International Conference on Prostitution and Other Sex Work, *Participation Kit*, Montreal, Quebec Public Interest Research Group at McGill University, 1996.

51. Achilles, R., *The Regulation of Prostitution*, background paper presented to the City of Toronto Board of Health, Toronto, City of Toronto Public Health Department, April 24, 1995.

52. International Conference on Prostitution and Other Sex Work, *Participation Kit*, Montreal, Quebec Public Interest Research Group at McGill University, 1996.

National Research Initiatives on Sex Work in Canada

53. Like many of the studies included in this document, these studies noted the particular challenges of recruiting samples of sex workers: "A true random sample is impossible to obtain, because the populations from which to sample [are] undefined. Purveyors of clandestine trade may be difficult to locate, and their participation in a research interview poses problems of danger (from pimps and others) for both the prostitute and the interviewer." Badgley, C., Burrows, B. A. and Yaworski, C., "Street Kids and Adolescent Prostitution: A Challenge for Legal and Social Services," in Bala, N., Hornick, J. P. and Vogl, R., eds., *Canadian Child Welfare Law: Children, Families and the State*, Toronto, Thompson Educational Publishing Inc., 1991, p. 118.

54. Lowman, J., "Street Prostitution," in Sacco, V. F., ed., *Deviance: Conformity and Control in Canada*, 2nd Edition, Scarborough, Ontario, Prentice-Hall Canada, 1992.

55. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984, p. 5.

56. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985, p. 5.

57. Although both the Badgley and the Fraser Committees were large, neither included a single sex worker as a participating member; see Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991, p. 131, note 2.

Essentially, national research initiatives focusing on sex work in Canada appeared only in the early 1980s. Before this there was a little survey research,⁵³ a few historical studies, and some ethnography.⁵⁴

In the early 1980s, two large studies were commissioned by the federal government, conducted respectively by the Badgley Committee (1984) and the Fraser Committee (1985). Both committees had very wide mandates. Among the issues assigned to the Badgley Committee were:

- To document the extent of child sexual abuse and recommend how young victims could be better protected, and
- To consider how juvenile prostitution could be prevented.⁵⁵

Among the issues assigned to the Fraser Committee was:

- To consider prostitution in Canada with particular reference to loitering and street soliciting for prostitution, the operation of bawdy-houses, living off the avails of prostitution, the exploitation of prostitutes and the law relating to these matters.⁵⁶

These studies investigated prostitution as well as pornography in cities and provinces across Canada. They concluded with recommendations for Canadian social, political and legal reform.⁵⁷

These two studies marked the beginning of a period of intense research on sex work in Canada. By 1985, when HIV antibody testing first became widely available, baseline data on sex workers and STDs had already been collected, whereas this was not true of many other populations at risk for HIV infection.

6.

Demographic Information and Sex Work in Canada

How male and female sex workers in Canada differ

Male street prostitution has received relatively little attention in sociological inquiries. Although this phenomenon continues to provoke moral outrage, it has aroused a fraction of the research interests shown to female prostitution. This is not surprising, given the fear and ignorance accorded to homosexuality in general.⁵⁸

Paid-up homo sex is different from het prostitution in a number of ways: unlike prostitution involving women, generally speaking there are no pimps in the realm of homo hustling, and thus those engaged in it are more independent, less under threat. ... Or to take other aspects: sexual acts between males – this is true of homosexuality generally, and also applies to hustling – tend to be more reciprocal or equal than those between men and women – I'm especially thinking about acts of anal intercourse – and thus some of the disparities of power in the encounter are more likely to be evened out.⁵⁹

Lowman (1990) was among the first to point out that the information available on sex work in Canada is not interpreted with “sufficient recognition that the circumstances surrounding a female’s drift into prostitution might be very different than a male’s.”⁶⁰

There are several key differences between the experiences of male and female street prostitutes. ... Males are rarely pimped, and they are much less likely to be the victim of a “bad trick” than are females. Other aspects of their experiences are similar to the extent that they usually suggest they had unhappy childhoods and were dissatisfied with home life, although the sources of this dissatisfaction are sometimes different for males and females (with males, family problems sometimes related to parental rejection of a boy’s growing homosexual consciousness; a girl’s distaste for home life was more likely to relate to her sexual victimization by family members).⁶¹

58. Visano, L., *This Idle Trade*, Concord, Visano Books, 1987, p. 332.

59. Persky, S., *Autobiography of a Tattoo*, Vancouver, New Star Books, 1997, pp. 44-45.

60. Lowman, J., “Street Prostitutes in Canada: An Evaluation of the Brannigan-Fleischman Opportunity Model,” *Canadian Journal of Law and Society*, 1990, 6, p. 156.

61. Lowman, J., “Prostitution in Canada,” in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991, p. 125.

62. British Columbia, *Community Consultation on Prostitution in British Columbia: Overview of Results*, Victoria, Ministry of the Attorney General B.C., 1996.

63. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985; Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991.

64. Shaver, F., "Prostitution: A Female Crime?" in Adelberg, E. and Currie, C., eds., *In Conflict With the Law: Women and the Canadian Justice System*, Vancouver, Press Gang Publishers, 1993, p. 167.

65. Caputo, T., Weller, R. and Kelly, K., *Phase II of the Runaways and Street Youth Project: The Ottawa Case Study*, Policing Division, Solicitor General of Canada, Final Report #1994-11, Ottawa, Ministry of Supply and Services Canada, 1994a, cited in Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998, p. 14.

66. Sansfaçon, D., *Prostitution in Canada, A Research Review Report*, Ottawa, Department of Justice, 1985; Earls, C. M. and David, H., "A Psychosocial Study of Male Prostitution," *Archives of Sexual Behavior*, 1990a, 18, 5, pp. 401-19; Lowman, J., "Street Prostitution," in Sacco, V. F., ed., *Deviance: Conformity and Control in Canada*, 2nd Edition, Scarborough, Ontario, Prentice-Hall Canada, 1992.

67. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984; Lowman, J., "Taking Young Prostitutes Seriously," *Canadian Review of Sociology and Anthropology*, 1987, 24, 1, pp. 99-116; Lowman, J., "Street Prostitution," in Sacco, V. F., ed.,

Perhaps one of the reasons there is so much less research available on male sex work than female sex work is that, historically, males have been much less visible than women as sex workers, working primarily through indoor venues or in private residences.⁶² Still, small pieces of information gathered from a variety of sources provide some understanding of the differences between male and female sex workers in Canada.

The earnings of male sex workers

There is some debate as to how much money Canadian sex workers earn. Some researchers have found that male sex workers can earn more than female sex workers because they charge more money, and because there is little if any pimping of male sex workers.⁶³ However, a Montreal study published in 1993 found that males actually earn less than females: between \$600 and \$800 a week, compared to \$1,800 to \$2,000 a week for women.

The differences between female and male prostitutes regarding job hazards and earning power suggest that most of the undesirable aspects of prostitution are linked to broader social problems rather than the commercialization of sex.⁶⁴

It is important to note that "sex for survival appears to be more of a factor for females than males: a study of Ottawa street youth found that males are more frequently able to simply stay at an acquaintance's home, whereas females are frequently forced to trade sex for food, shelter and money."⁶⁵

Age and length of career

Many studies have shown that male sex workers tend to be younger than female sex workers.⁶⁶ And some studies have found the careers of male sex workers to be shorter than those of females.⁶⁷ "For males, their term in the business is typically finished by the time they are in their early 20s as they are no longer competitive with the new and younger hustlers."⁶⁸ Males have a shorter career, in part because "when they reach the age of 20 or 22, and lose the distinctive marks of youth they . . .

turn to something else.”⁶⁹ Yet, studies have also shown the average age of male sex workers to be greater than this.⁷⁰ In fact, Lowman (1990) writes that many sex workers interviewed for research may have been working for years. For example, the average age of two subsamples of male sex workers interviewed in 1984 and 1989 was approximately 25. Yet the approximate age at which they first sold sex was 16.⁷¹

In terms of length of service, an Eastern Canada study published in 1990 found that male sex workers had been involved in sex work for an average of 5.1 years.⁷² And a project based at Maggie’s in Toronto found that males’ involvement in sex work lasted an average of 5.2 years.⁷³

In Edmonton, male sex workers interviewed by a street sex work research project in 1993 were younger than females and half of them had worked for five or fewer years. In this study males were found, on average, to be better educated than females.⁷⁴

A Montreal study published in 1996 found the gender distribution of Canadian sex workers similar to that found in clerical and health-related occupational categories, as identified by Statistics Canada. The study reported that male sex workers were more likely than females to work alone, were less likely to have regular schedules, were more likely to have legitimate jobs and tended to drop into and out of sex work almost twice as often as females. Regardless of their sexual orientation, men tended to participate in a greater variety of sexual acts and to spend more time with their clients. While male and female sex workers were equally likely to report that their work was boring, men were less likely to report that it was repetitive or stressful.⁷⁵

A report from an Alberta task force on prostitution (1997) found that male and female sex workers reported many similar experiences (parental abuse, unconventional peers, early sexual experiences, promiscuity and drug and/or alcohol use). But it also found that males often began sex work at a greater age than females.⁷⁶

In addition, a study of personal classified advertisements (1994) placed in a major Canadian alternative publication indicated a significant number of males over age 30 advertising sex work services,⁷⁷ a finding that is easily replicated by reading the advertisements in almost any Canadian entertainment paper.

Deviance: Conformity and Control in Canada, 2nd Edition, Scarborough, Ontario, Prentice-Hall Canada, 1992.

68. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985, p. 372.

69. Sansfaçon, D., *Prostitution in Canada, A Research Review Report*, Ottawa, Department of Justice, 1985, p. 95.

70. Edmonton Social Planning Council, *Street Prostitution in Edmonton*, Edmonton, Street Prostitution Project, 1993.

71. Lowman, J., “Street Prostitutes in Canada: An Evaluation of the Brannigan-Fleischman Opportunity Model,” *Canadian Journal of Law and Society*, 1990, 6, pp. 137-64.

72. Earls, C. M. and David, H., “A Psychosocial Study of Male Prostitution,” *Archives of Sexual Behavior*, 1990a, 18, 5, pp. 401-19.

73. Maggie’s, the Toronto Prostitutes’ Community Service Project, *Report on Assessing the Need to Reduce Drug-Related Harm Among Prostitutes Who Use Drugs*, Ottawa, Health Promotion and Social Development, Health Canada, File #6552-2-371, 1994.

74. Edmonton Social Planning Council, *Street Prostitution in Edmonton*, Edmonton, Street Prostitution Project, 1993.

75. Shaver, F., “Prostitution: On the Dark Side of the Service Industry,” in O’Reilly-Fleming, T., ed., *Post-Critical Criminology*, Scarborough, Ontario, Prentice-Hall Canada, 1996.

76. Task Force on Children Involved in Prostitution, *Children Involved in Prostitution*, Alberta, Minister of Family and Social Services, 1997.

77. Allman, D., *Personal Classified Advertisements of Men Seeking Sex With Men: Trends in Representations of Risk Behaviour, 1980-1994*, paper presented to the Fourth Annual Canadian Conference on HIV/AIDS Research, Toronto, June 1994.

78. Task Force on Children Involved in Prostitution, *Children Involved in Prostitution*, Alberta, Minister of Family and Social Services, 1997.

79. Between February 1982 and July 1983, the Badgley Committee surveyed 229 youth under age 20 who had “performed at least one sexual act in exchange for money, food, shelter, drugs, alcohol, or some other valuable consideration.” This definition of sex work is almost identical to the one currently employed by Vancouver’s Vanguard Study. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984, p. 968.

80. *Ibid.*

81. Lowman, J., “Taking Young Prostitutes Seriously,” *Canadian Review of Sociology and Anthropology*, 1987, 24, 1, pp. 99-116.

82. Mathews, R. F., *Mirror to the Night: A Psycho-Social Study of Adolescent Prostitution*, unpublished PhD thesis, Department of Education, University of Toronto, 1986, pp. 128-29.

83. Lowman, J., “Taking Young Prostitutes Seriously,” *Canadian Review of Sociology and Anthropology*, 1987, 24, 1, pp. 99-116.

84. Lowman, J., “Street Prostitutes in Canada: An Evaluation of the Brannigan-Fleischman Opportunity Model,” *Canadian Journal of Law and Society*, 1990, 6, pp. 137-64.

85. Earls, C. M. and David, H., “Early Family and Sexual Experiences of Male and Female Prostitutes,” *Canada’s Mental Health*, 1990, 38, 4, pp. 7-11, cited in Lowman, J., “Street Prostitutes in Canada: An Evaluation of the Brannigan-Fleischman Opportunity Model,” *Canadian Journal of Law and Society*, 1990, 6, pp. 137-64.

Younger male sex workers in Canada

Most Canadian research on prostitution has focused on youth. More is known about younger male sex workers than about any other subgroup of men selling sex, even though people under 18 years of age represent only 10-12% of individuals involved in sex work.⁷⁸ However, the Badgley Committee reported that 85% of the males in its sample⁷⁹ indicated that they had first sold sex prior to the age of 18.⁸⁰

Money

Money is perhaps *the* primary reason why young people enter sex work. Almost 80% of respondents told the Badgley Committee that they had entered prostitution for “rapid financial gain.”⁸¹ A Toronto study completed in 1986 also found that money is by far the single most important factor influencing a young person’s decision to enter into sex work:

I liked the money and the way it came in, so I just kept with it. I was making more money as time went by. Like, the most I ever made from a trick was \$250, and that was for an hour.

It’s [fast, easy money]. It’s all easy ‘cause everyone knows how to have sex. The money is good. ... Money talks. Every man has his price. Like, you flash a \$100 bill in somebody’s face and they’ll say “yes” if they only have 35 cents in their pocket. It’s a quick buck.⁸²

Home environments

Troubled home environments are a second reason why young males enter sex work. The Badgley Committee reported that 45% of young male sex workers indicated that their strongest recollection of home life was of continual fighting or arguments.⁸³ The Committee’s report also showed that 97% of male sex workers reported running away from home at least once; 46% reported having done so more than once.⁸⁴ Whereas female sex workers tended to leave home at a considerably earlier age than other females, there was little difference in the case of males.⁸⁵

We had the sense that a number of street youth, mostly male, had left home with family relations reasonably intact. They left not wanting to burden their financially or emotionally stressed families and were spurred on by the knowledge that there was little hope of finding employment in their home communities. Many were reminiscent of the depression-era phenomenon of young men who went from city to city looking for work.⁸⁶

Violence against female and male sex workers

Although the risk of HIV infection among male sex workers and their clients may be high, information about other safety issues, particularly occurrences of violence, shows that it is often female sex workers who confront the greatest dangers. For example, between 1991 and 1995, 63 known sex workers were murdered.⁸⁷ Of these, only three – or less than 5% – were male.⁸⁸

Whereas female street sex workers report a much greater frequency of sexual offences perpetrated by clients, “for hustlers the greatest problem is created by homophobic onlookers who assault and/or rob them.”⁸⁹ Or, as Brannigan wrote in 1994, “although male street hustlers do experience violence, they are less likely to be victimized by either pimps or johns, as opposed to young male gay bashers.”⁹⁰

86. Read, S., DeMatteo, D., Bock, B., Coates, R., Goldberg, E., King, S., Major, C., McLaughlin, B., Millson, M. and O’Shaughnessy, M., *HIV Prevalence in Toronto Street Youth*, Toronto, The Hospital for Sick Children, 1993, p. v.

87. At the end of 1996, 54% of these murders remained unsolved, compared to only 20% of Canadian homicides that did not involve known sex workers; see Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998.

88. Statistics Canada, *Street Prostitution in Canada*, Ottawa, Canadian Centre for Justice Statistics, Catalogue #85-002-XPE, 17, 2, 1997.

89. Lowman, J., “Street Prostitution,” in Sacco, V. F., ed., *Deviance: Conformity and Control in Canada*, 2nd Edition, Scarborough, Ontario, Prentice-Hall Canada, 1992, p. 56.

90. Brannigan, A., *Victimization of Prostitutes in Calgary and Winnipeg*, Research, Statistics and Evaluation Directorate, Policy Sector, Department of Justice, Technical Report #TR1996-15e, Ottawa, Department of Justice, 1994, p. 29.

7.

Male Sex Work and STDs

91. Haug, M. and Cini, M., *The Ladies (and Gentlemen) of the Night and the Spread of Sexually Transmitted Diseases*, Working Papers on Pornography and Prostitution, Report #7, Ottawa, Department of Justice, 1984.

92. Brock, D., "Prostitutes are Scapegoats in the AIDS Panic," *Resources for Feminist Research*, 1985, 18, 2, p. 14.

93. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985, p. 395.

94. *Ibid.*, p. 384.

95. Shaver, F., "Prostitution: On the Dark Side of the Service Industry," in O'Reilly-Fleming, T., ed., *Post-Critical Criminology*, Scarborough, Ontario, Prentice-Hall Canada, 1996.

In the early 1980s, when public health officials were first recognizing GRID, or Gay-Related Immune Deficiency (now renamed AIDS), a federal report entitled *The Ladies (and Gentlemen) of the Night and the Spread of Sexually Transmitted Diseases* (1984) was published.⁹¹ This report included a review of international research and the then-current Canadian and international STD legislation.

This federal document found that some young men aged 20 to 24 made a significant contribution to the spread of gonorrhea and were less informed about sexually transmitted diseases than other age cohorts. Nevertheless, the authors concluded that sex workers did "not make a significant contribution to the spread of STDs."⁹²

The Fraser Committee (1985) did find an association between sex work and sexually transmitted diseases. The Committee found that "a majority of prostitutes do contract an STD at least once during their time on the streets. Most however, are very well aware of the problems associated with STDs, visit medical clinics regularly and take precautionary measures, usually requiring customers to use condoms."⁹³

The Fraser Committee also found that sex workers had a high awareness of the dangers of STDs, as well as an awareness of the reputation sex workers had for the spread of such diseases. The Committee explicitly stated that this reputation was unsubstantiated by epidemiologists.⁹⁴

Shaver (1996) found that both male and female sex workers were cautious with respect to risks related to STDs. Females and males reported similar numbers of sexually transmitted diseases (0.77 and 0.70 episodes respectively). Twenty-seven percent of male sex workers reported having contracted one STD in the previous two years, and an additional 10% reported having contracted two or more STDs in that time.

However, 63% of both women and men reported zero episodes in the last two years, suggesting that there is a small number of sex workers who are chronically infected, as opposed to a large number of sex workers who are occasionally infected.⁹⁵

HIV and AIDS and Male Sex Workers in Canada

There has never been a clear picture of what proportion of individuals may either have sold or bought sex in Canada. On a national level, sex work is not a factor recorded either in terms of possible exposure to HIV or in terms of reported AIDS cases. One of the problems in trying to sort through the data on male sex work and HIV and AIDS is that much of the information is based on samples of street youth and injection drug users, two populations identified early on as being at risk for HIV infection. Very few studies exist which include male sex workers from a broader range of lifestyles.

AIDS case reporting and male sex work in Canada

The AIDS Case Reporting and Surveillance System was created by the Department of National Health and Welfare⁹⁶ in February 1982, when the first AIDS case in Canada was reported.⁹⁷ As of December 31, 1997, 15,528 AIDS cases had been diagnosed and reported. “Adjusting for report delays, the total number of AIDS cases in Canada was estimated to be approximately 20,000.”⁹⁸ Of these, 11,175 (71.9%) involved adult males who have sex with men. An additional 681 (4.4%) involved adult males who have sex with men and also inject drugs. “Adjusting for reporting delays, the number of AIDS cases among men who have sex with men was estimated at 13,046 by the end of 1997.”⁹⁹

HIV antibody testing first became widely available in Canada in 1985.¹⁰⁰ By the end of December 1997, an estimated 41,681 people had tested positive for HIV antibodies in Canada, 2,598 of them in 1997 alone.¹⁰¹ A national survey conducted in January 1997 found that 18.6%¹⁰² of men 15 years of age or older had been tested for HIV.¹⁰³

It is estimated that in the early years of the epidemic (as early as 1982-84) as many as 36% of men who had sex with men in Vancouver¹⁰⁴ and 25% of those in Montreal¹⁰⁵ were HIV antibody-positive.¹⁰⁶ The National Men’s Survey (1993) reported that 65% of men who had sex with men across Canada had been tested for HIV antibodies. Self-reported HIV antibody status showed that over 18.2% of

96. Now Health Canada.

97. Although a retrospective evaluation of health files has determined that the first diagnosed AIDS case in Canada occurred in 1979.

98. Health Canada, *AIDS and HIV in Canada (1998)*, HIV/AIDS Epi Update, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, May 1998a.

99. Health Canada, *HIV and AIDS Among Men Who Have Sex with Men*, HIV/AIDS Epi Update, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, May 1998b.

100. Health Canada, *HIV Testing Among Canadians: An Estimated 11,000-17,000 Current HIV Infections May Not Be Diagnosed*, HIV/AIDS Epi Update, Bureau of HIV/AIDS and STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, May 1998d.

101. It is estimated that as of December 1996, there have been between 50,000 and 54,000 cumulative HIV infections in Canada. Nguyen, M., Archibald, C., Farley, J. and Sutherland, D., *HIV/AIDS in Canada – 1998*, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Health Canada, paper presented to the Agenda Building Meeting on HIV Prevention Research, HIV/AIDS Prevention and Community Action Programs, Health Canada, Ottawa, February 1999.

102. *Ibid.*; These figures do not include those who were tested for blood donation or insurance purposes. When these are taken into account, it is suggested that 41% of Canadian men have been tested at least once for HIV antibodies. Houston, S., Archibald, C., Strike, C. and Sutherland, D., “Factors Associated with HIV Testing among Canadians: Results of a Population-based Survey,” *International Journal of STD and AIDS*, 1998b, 9, pp. 341-46.

103. Houston, S., Archibald, C. and Sutherland, D., *Sexual Risk Behaviours Are Associated with HIV Testing in the Canadian General Population*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, May 1998a.

104. Craib, K. and Schechter, M., "The Vancouver Lymphadenopathy AIDS Study: An Overview of Research into HIV/AIDS," *B.C. Medical Journal*, 1992, 34, 3, pp. 162-64.

105. Remis, R., Najjar, M., Pass, C. and Paradis, G., *Seroepidemiological Study of HIV Infection and Sexual Behaviour among Men Attending a Medical Clinic in Montreal*, paper presented to the Vth International Conference on AIDS, Montreal, June 1989.

106. See also Health Canada, *HIV and AIDS Among Men Who Have Sex with Men*, HIV/AIDS Epi Update, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, May 1998b.

107. 23% in Vancouver, 27.2% in Toronto, 20.1% in Montreal and between 10.2% and 20.5% in other regions of Canada. Myers, T., Godin, G., Calzavara, L., Lambert, J. and Locker, D., *Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey*, Ottawa, Canadian AIDS Society, 1993.

108. See Romanowski, B., Campbell, P., Preiksaitis, J. and Fonseca, K., "Human Immunodeficiency Virus Seroprevalence and Risk Behaviours in Patients Attending Sexually Transmitted Disease Clinics in Alberta," *Sexually Transmitted Diseases*, 1997, September, pp. 487-94; Dufour, A., Alary, M., Poulin, C., Allard, F., Noël, L., Trottier, G., Lepine, D. and Hankins, C., "Prevalence and Risk Behaviours for HIV Infection among Inmates of a Provincial Prison in Quebec City," *AIDS*, 1996, 10, 9, pp. 1009-15; Roy, E., *HIV and Street-Involved People in Canada: Status Report and Recommendations for a National Action Plan for HIV Prevention*, draft document submitted to the AIDS Education and Prevention Unit, Ottawa, Health Canada, 1996; Myers, T., Calzavara, L., Major, C., Marchand, R.,

respondents who had taken an HIV antibody test were HIV antibody-positive, with figures ranging from 10.2% to 27.2%, depending on the city or town.¹⁰⁷

More recently, the number of men who are becoming infected with HIV appears to be declining. One estimate based on Canadian studies of men who have sex with men (1994-97) indicates that between 4% and 11% of men who have sex with men may be infected with HIV.¹⁰⁸ However, the Laboratory Centre for Disease Control, Health Canada, currently estimates that HIV prevalence among men who have sex with men is approximately 20%.¹⁰⁹

HIV prevention research and male sex work in Canada

There is very little data that examines male sex workers in Canada from more than a single geographic, social or economic context.

An Eastern Canada study published in 1989 reported data on 55 male sex workers. Ninety-six percent were aware of the existence of AIDS and 58% had changed their sexual practices as a result of AIDS. Forty-two percent reported having had a venereal disease and 92% sought medical checkups on a regular basis. "However, of those subjects who stated that they had not changed their sexual practices, it was generally the case that they had always refrained from those behaviours associated with the risk of contracting AIDS."¹¹⁰

An Alberta study published in 1994 studied 505 men who had sex with men, recruited from STD clinics in Calgary and Edmonton. Of these men, 6% had received money for sex in the previous year, and of those, 64% always used condoms and 7% never used condoms. Fewer than 3% of the sample had exchanged sex for drugs, and of these, 55% reported always using condoms. The remainder reported sometimes using condoms. Of the men who self-identified as sex workers (4%), 61% always used condoms when working, 33% sometimes did and fewer than 6% never did.¹¹¹

Shaver and Newmeyer (1996) compared Montreal-area male sex work data with Montreal data from two studies of gay and bisexual men: The National Men's Survey (1993),¹¹² conducted throughout Canada, and *Entre Hommes* (1993),¹¹³ a simultaneous study conducted throughout Quebec.

The 40 male sex workers recruited for Shaver and Newmeyer's analysis were drawn from a subsample of the Sex Work Survey, a series of field work interviews conducted in Montreal in 1991. Thirty of the respondents were men and 10 were transgendered sex workers. The transgendered people were defined as "men who dress as women when working and who identified themselves as gay." The authors note that these transgendered people "were not strongly committed to transvestism. They work in women's clothing and may do the occasional show in drag, but otherwise present themselves as men."¹¹⁴

Compared to gay and bisexual men from the National Men's Survey and *Entre Hommes*, the male sex workers were younger and less educated. As well, more were heterosexually self-identified: only half identified as homosexual or gay. Male sex workers were also much more likely to have had at least one female partner than were the other men.¹¹⁵

Importantly, no significant differences were found between rates of reported unprotected anal intercourse. Male sex workers were more likely to have been tested for HIV antibodies (88% compared to 61% and 68%) and less likely to report a positive result (0% compared to 11% and 21%) than other men who had sex with men. Fifty-five percent of male sex workers always used condoms for oral sex, 90% for anal sex (fewer than 25% of males provided this service to clients) and 75% for vaginal sex (provided to clients by only approximately 10% of the sample). Men indicated that condom use increased with the riskiness of sexual activity. It was also found that 71% of male sex workers used condoms most or all of the time for oral sex with clients, 45% for oral sex with partners, 92% for anal sex with clients and 71% for anal sex with partners.

The authors reported that:

Morrison, K. and Allman, D., *Self-reported HIV Antibody Status and Laboratory Test Results in a Community Sample of Gay and Bisexual Men: Winnipeg Men's Survey*, paper presented to the Fifth Annual Canadian Conference on HIV/AIDS Research, Winnipeg, June 1995; Palmer, R., Major, C., Ofner, M., Brown, D., Falli, R. and Fearon, M., *Laboratory-based HIV Surveillance in Ontario*, paper presented to the Fifth Annual Canadian Conference on HIV/AIDS Research, Winnipeg, June 1995.

109. Nguyen, M., Archibald, C., Farley, J. and Sutherland, D., *HIV/AIDS in Canada – 1998*, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Health Canada, paper presented to the Agenda Building Meeting on HIV Prevention Research, HIV/AIDS Prevention and Community Action Programs, Health Canada, Ottawa, February 1999.

110. Earls, C. M. and David, H., "A Psychosocial Study of Male Prostitution," *Archives of Sexual Behavior*, 1989, 18, 5, pp. 411-12.

111. Romanowski, B., Campbell, P., Preiksaitis, J. and Fonseca, K., "Human Immunodeficiency Virus Seroprevalence and Risk Behaviours in Patients Attending Sexually Transmitted Disease Clinics in Alberta," *Sexually Transmitted Diseases*, September 1994, pp. 487-94, cited in Health Canada, *HIV Risk Behaviours Among Canadians: An Inventory and Synthesis*, Division of HIV Epidemiology, Bureau of HIV/AIDS, STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, November 1998c.

112. Myers, T., Godin, G., Calzavara, L., Lambert, J. and Locker, D., *Canadian Survey of Gay and Bisexual Men and HIV Infection: Men's Survey*, Ottawa, Canadian AIDS Society, 1993.

113. Godin, G., Carsley, J., Morrison, K. and Bradet, R., *Entre hommes – 91/92: Les comportements sexuels et l'environnement social des hommes ayant des relations sexuelles avec d'autres hommes*, Québec, COCQ-sida, 1993.

114. Shaver, F. and Newmeyer, T., *Men Who Have Sex With Men: A Comparison of the Sexual Practices and Risk-Taking Behaviour of Gay and Bisexual Men and Male Prostitutes*, paper presented to Sida, jeunesse et prévention. Au-delà du discours, des actions!, at the 64th conference of ACFAS, Montreal, May 1996, p. 7, note 3.

115. For more on bisexuality in Canada, see Myers, T. and Allman, D., "Bisexuality and HIV/AIDS in Canada," in Aggleton, P., ed., *Bisexualities and AIDS: International Perspectives*, London, Taylor and Francis, 1996 and Doll, L., Myers, T., and Allman, D., "Bisexuality and HIV Risk: The Canadian and U.S. Experience," *Annual Review of Sex Research*, 1997, vol. 8, pp. 102-147.

116. Shaver, F. and Newmeyer, T., *Men Who Have Sex With Men: A Comparison of the Sexual Practices and Risk-Taking Behaviour of Gay and Bisexual Men and Male Prostitutes*, paper presented to Sida, jeunesse et prévention. Au-delà du discours, des actions!, at the 64th conference of ACFAS, Montreal, May 1996, p. 13.

With regard to both sexual practices and risk taking behaviour, male hustlers' behaviour with partners seems to be more similar to that of gay and bisexual men than it is different. ... In addition, both groups are knowledgeable about AIDS and the risks involved, and both have made some changes in their sexual practices.¹¹⁶

Studies of Street Youth and Younger Male Sex Workers in Canada

Of all the populations that Canadian researchers have looked at in relation to male sex work, street youth and younger sex workers are the two that have been most frequently studied.

Sexual behaviour and condom use of younger male sex workers

Health Canada's 1998 Epi Update Series reported that recent studies of street youth indicated that 85-98% have had sexual intercourse, with over 60% indicating that their first sexual intercourse was before age 13. Between 52% and 78% reported six or more sexual partners in their lifetimes.¹¹⁷

The Badgley Committee (1984) reported that the sexual activities most frequently requested of young male sex workers were active fellatio (64%), passive fellatio (12%), anal sex (5%) and vaginal sex (12%).¹¹⁸ The Committee reported that only 14% of males indicated that they used condoms. Almost 18% of males said that when they fellated clients they required the men to wear condoms, and 46% did not require clients to wear condoms during intercourse.¹¹⁹ The Committee commented that

it is relevant in this context to recall that these findings were obtained during 1982-83 when there was a growing public awareness of the sharp increase in the reported incidence of Acquired Immune Deficiency Syndrome (AIDS). Despite this shift in the recognition of the hazards of this condition, it is evident that the juvenile male prostitutes had not as yet sought to afford themselves better protection by contraceptive means.¹²⁰

A 1989 research project studied the HIV and AIDS knowledge, attitudes and behaviours of 137 street-involved people in Vancouver. Of the small proportion of this study that identified as younger male sex workers, all reported using condoms with clients.¹²¹

A second paper on this sample, presented in 1989, reported on results of 69 street-involved people who provided information on condom use, 40 of whom were male. Of the 69 people in the sample, 70% had supported themselves by sex work. Overall, "77% felt that

117. Health Canada, *Sexual Risk Behaviours of Canadians*, HIV/AIDS Epi Update, Bureau of HIV/AIDS and STD and TB, Laboratory Centre for Disease Control, Ottawa, Health Canada, May 1998e.

118. 43% reported that they would not participate in receptive anal sex.

119. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984.

120. *Ibid.*, p. 1023.

121. Rekart, M. L. and Manzon, L., *Knowledge, Attitudes and Behaviours of Street-Involved Persons in Vancouver*, Ottawa, National AIDS Clearinghouse, Canadian Public Health Association, 1989.

122. Rekart, M. L., Manzon, L. and Loftus, P., *Knowledge, Attitudes and Behaviours of Street-Involved People in Vancouver*, paper presented to the Vth International Conference on AIDS, Montreal, June 1989.

123. Edmonton Social Planning Council, *Street Prostitution in Edmonton*, Edmonton, Street Prostitution Project, 1993.

124. Read, S., DeMatteo, D., Bock, B., Coates, R., Goldberg, E., King, S., Major, C., McLaughlin, B., Millson, M. and O'Shaughnessy, M., *HIV Prevalence in Toronto Street Youth*, Toronto, The Hospital for Sick Children, 1993.

125. Research Subgroup of the Sexually Exploited Youth Committee of the Capital Regional District, *A Consultation with 75 Youth Involved in the Sex Trade in the Capital Regional District (CRD)*, Victoria, Capital Regional District, 1997, p. 36.

126. Mathews, R. F., *Mirror to the Night: A Psycho-Social Study of Adolescent Prostitution*, unpublished PhD thesis, Department of Education, University of Toronto, 1986, pp. 146-47.

AIDS was not as serious as the media said, 46% would use condoms with a new but not a steady partner, 45% felt their chances of catching an STD were low . . . 85% always used condoms with 'dates' (i.e., customers) but only 26% always used condoms with 'lovers' (i.e., steady partners)."¹²²

An Edmonton street sex work research project published in 1993 collected data on sex workers and reported on a subgroup of 20 males. Three of the 67 respondents were HIV antibody-positive, but it is unclear what proportion of these were male.¹²³

A 1993 Toronto-area study of 695 street youth, 71% of whom were male, found that 12% reported ever having been paid for sex and 69% had sold sex in the previous six months. The younger male sex workers were more likely to always use condoms with female clients (68%) than with male clients (54%) and, although 38% of males involved in sex work reported participating in anal sex with clients, only 10% reported having unprotected anal sex at least occasionally with clients.¹²⁴

And a study of 75 youth (49% male) conducted in Victoria in 1997 reported that 73% of its sample always used condoms with clients, 9% usually did, 3% occasionally did and 7% never did. "There were no statistically significant differences between males and females concerning condom usage; however the data indicate that older youth [18 or older] were more likely to use condoms."¹²⁵

STDs in younger male sex workers

The risk of disease or health-related problems does not frighten young men enough to keep them off the street or to stop them from selling sex. One Toronto study (1986) found that "most kids reported that they were aware that there would be some risks involved in working on the street. Even though they soon learned that the risks could be far greater than they had originally anticipated, this, too, was not enough to deter them."¹²⁶

For example, 52% of male sex workers told the Badgley Committee that they had contracted an STD, a sex-related disease or another condition since they began to actively participate in sex work. Of these, 84% had sought treatment. Overall, 66% said they regularly accessed health care, regardless of suspected STD infection.

A 1994 analysis reported on data from the Canadian Youth and AIDS Study (1989), which questioned 656 street youth, a little more than half of whom were male (54% male, 46% female), and 14% of whom were sex workers. The study found that 69% of male sex workers reported worrying about AIDS.¹²⁷ Reported concerns about AIDS were higher for sex workers than for other groups of street youth. Sixty percent reported having engaged in anal intercourse, but only 55% of these had always used condoms. Sex workers were more likely than other subgroups to talk to prospective partners about using condoms (83%). However, sex workers also reported the highest rates of STDs (45% in males and 68% in females). “Among the male sex industry workers, 63% of whom had engaged in anal intercourse, regular condom use was associated with a lower reported STD history (36%) than for those who inconsistently used condoms (61%).”¹²⁸ In their conclusions, the authors stated:

the large difference in reported STD rates among male sex industry workers who consistently used condoms vs those who did not (36% vs 61%) suggests that programs that facilitate and encourage all street youth to use condoms regularly have the potential to reduce their STD rates.¹²⁹

In his book *This Idle Trade* (1987), sociologist Livy Visano used the research technique of participant observation, spending months observing and interviewing young male sex workers in Toronto. He found that the men he interviewed in pre-HIV 1982 were not highly concerned about the dangers of acquiring or transmitting these diseases:

So I got the dose. Big deal. I'll just give it to the trick. Even the score. I really don't give a sweet shit. Who cares.

Penicillin, that's it. It'll hurt. That's cool. I'm here for a good time. Don't plan to be a hermit.

127. MacDonald, N. E., Fisher, W. A., Wells, G. A., Doherty, J. A. and Bowie, W. R., “Canadian Street Youth: Correlates of Sexual Risk-Taking Activity,” *Pediatric Infectious Disease Journal*, 1994, 13, 8, pp. 690-97.

128. *Ibid.*, pp. 694-95.

129. *Ibid.*, p. 696.

130. Visano, L., *This Idle Trade*, Concord, Visano Books, 1987, pp. 223-24.

131. Tremble, B., "Prostitution and Survival: Interviews with Gay Street Youth," *Canadian Journal of Human Sexuality*, 1993, 2, 1, pp. 42-43.

132. Research Subgroup of the Sexually Exploited Youth Committee of the Capital Regional District, *A Consultation with 75 Youth Involved in the Sex Trade in the Capital Regional District (CRD)*, Victoria, Capital Regional District, 1997.

133. Brannigan, A., *Victimization of Prostitutes in Calgary and Winnipeg*, Research, Statistics and Evaluation Directorate, Policy Sector, Department of Justice, Technical Report #TR1996-15e, Ottawa, Department of Justice, 1994.

Everybody's got some kind of disease. So what! Just like getting crabs, the clap is no different.¹³⁰

Eleven years later, in a very different Toronto, Tremble (1993) found that

the rules of the hustling game are simple. No kissing. Money up front. No free second helpings. The point is to make it safe, impersonal and quick as possible. No one wants to be hurt, busted or embarrassed. Business is business. These rules are sometimes broken, and if drugs or a place to stay are badly needed, anything can – and sometimes does – happen.... AIDS is a low-level concern for them. Getting by one day at a time means not living for tomorrow, and, in their adolescent fashion, they all think AIDS happens to someone else. In fact if these young men combine the dual threat of unprotected sex and sharing needles for injection drug use, they become a potential next wave in the AIDS epidemic.¹³¹

In a study conducted in Victoria in 1997, 75 "sexually exploited youth" were interviewed about a variety of issues related to their experiences in sex work. Of these, 49% were male. Though the report does not differentiate between male and female sex workers, the findings are illustrative. Three-quarters of the youth reported that they had been tested for an STD at some point in their lifetimes, approximately 65% in the previous year.¹³²

Brannigan (1994) surmised that from the point of view of the client, youthfulness may have a particular appeal in terms of STDs because the client may view younger sex workers as less likely to have STDs.¹³³

HIV and AIDS and younger male sex workers

A Toronto-area study of 700 street youth conducted in the early 1990s found that 16, or 2.29% of the sample, were HIV antibody-positive. Of these, 15 (94%) were male. More than half (eight) of the 15 youths had known and reported that they were HIV antibody-positive before testing for the study. Ten who tested HIV antibody-positive reported that they had sold sex to a male client in the previous six months. Seven

of the 10 reported that they never had anal sex with clients. Those who reported having had anal sex with clients all reported always having used condoms with their clients, though with their regular partners they sometimes had unprotected anal sex. Interestingly, of the HIV antibody-positive youth interviewed, 60% had migrated or immigrated to Toronto from elsewhere in Canada or from another country.¹³⁴

The same study reported that “street youth in Toronto have a high knowledge that HIV is transmitted sexually and through IV drug use. The youth are unsure whether oral sex is a low-risk or no-risk activity.”¹³⁵ Overall, 64% of male street youth reported that AIDS was their biggest health concern.¹³⁶

A study conducted in Ottawa in 1994 asked 26 street youth, 12 of whom were male, what medical services were most needed on the street. Nine percent of respondents indicated that the service most needed was AIDS/STD testing.¹³⁷

When the same question was asked of 61 street youth in Saskatoon (1994), 31 of whom were male, AIDS/STD testing was indicated by 37% of respondents.¹³⁸

A 1996 analysis of 641 street youth in Montreal found that 8% of the sample reported having had male sex workers as sex partners. The study also found sex work to be associated with HIV infection in male street youth. It reported that 12 of 13 HIV antibody-positive respondents were male. The authors reported that further analysis was necessary “to determine the role of prostitution in HIV infection among street youth.” Interestingly, having sex with men outside of sex work was not associated with HIV infection. Among the 122 men having sex with men, six were HIV antibody-positive.¹³⁹ All six reported having engaged in sex work.¹⁴⁰

A 1997 Victoria study of 75 youth involved in sex work, 49% of whom were male, found that approximately 75% of the sample stated that they had been tested for HIV at some point in their lifetimes, approximately 50% in the previous year. Of youth both male and female, 3-4% reported that they were HIV antibody-positive and an additional 9% indicated that they were unsure of their HIV antibody status.¹⁴¹

134. DeMatteo, D., Read, S., Bock, B., Coates, R., Goldberg, E., King, S., Millson, P., McLaughlin, B., Major, C. and O’Shaughnessy, M., *HIV Seroprevalence in Toronto Street Youth*, paper presented to the VIIIth International Conference on AIDS, Amsterdam, Netherlands, July 1992; Read, S., DeMatteo, D., Bock, B., Coates, R., Goldberg, E., King, S., Major, C., McLaughlin, B., Millson, M. and O’Shaughnessy, M., *HIV Prevalence in Toronto Street Youth*, Toronto, The Hospital for Sick Children, 1993.

135. DeMatteo, D., Read, S., Bock, B., Coates, R., Goldberg, E., King, S., Millson, P., McLaughlin, B., Major, C. and O’Shaughnessy, M., *HIV Seroprevalence in Toronto Street Youth*, paper presented to the VIIIth International Conference on AIDS, Amsterdam, Netherlands, July 1992.

136. Read, S., DeMatteo, D., Bock, B., Coates, R., Goldberg, E., King, S., Major, C., McLaughlin, B., Millson, M. and O’Shaughnessy, M., *HIV Prevalence in Toronto Street Youth*, Toronto, The Hospital for Sick Children, 1993.

137. Caputo, T., Weller, R. and Kelly, K., *Phase II of the Runaways and Street Youth Project: The Ottawa Case Study*, Policing Division, Solicitor General of Canada, Final Report #1994-11, Ottawa, Ministry of Supply and Services, 1994a.

138. Caputo, T., Weller, R. and Kelly, K., *Phase II of the Runaways and Street Youth Project: The Saskatoon Case Study*, Policing Division, Solicitor General of Canada, Final Report #1994-12, Ottawa, Ministry of Supply and Services, 1994b.

139. Note that five of the six had also injected drugs.

140. Roy, E., Hayley, N., Boivin, J., Frappier, J., Claessens, C. and Lemire, N., *Risk Factors for HIV Infection in Street Youth*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996a.

141. Research Subgroup of the Sexually Exploited Youth Committee of the Capital Regional District, *A Consultation with 75 Youth Involved in the Sex Trade in the Capital Regional District (CRD)*, Victoria, Capital Regional District, 1997.

142. Miller, M. L., Strathdee, S. A., Martindale, S. L., Cornelisse, P. G. A., Hogg, R. S., Cook, D., Montaner, J. S. G., O'Shaughnessy, M. V. and Schechter, M. T., *Characteristics of Male Sex Trade Workers Enrolled in a Prospective Study of HIV Incidence*, paper presented to the Sixth Annual Canadian Conference on HIV/AIDS Research, Ottawa, May 1997a.

143. Strathdee, S. A., Martindale, S. L., Hogg, R. S., Cornelisse, P. G. A., Miller, M. L., Devlin, B., Cook, D., Rekart, M. L., Montaner, J. S. G., O'Shaughnessy, M. V. and Schechter, M. T., *HIV Prevalence, Incidence and Risk Behaviours among a Cohort of Young Gay/Bisexual Men*, paper presented to the Sixth Annual Meeting of HIV/AIDS Surveillance and Epidemiology, Quebec City, November 1997.

144. Martindale, S. L., Strathdee, S. A., Miller, M. L., Cornelisse, P. G. A., Hogg, R. S., DeWit, J., Willoughby, B., Woodfall, B. and Schechter, M. T., *Unsafe Sex and Elevated HIV Incidence Among Young Men Having Sex With Men*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, April/May 1998.

145. See the section *How Canadian research has defined and measured the HIV risk of male sex work*, elsewhere in this document; see also *The Vanguard of Sexploitation*, at <http://www.walnet.org/cs/groups/swav/vanguard-3.html>.

146. Martindale, S. L., Strathdee, S. A., Miller, M. L., Hogg, R. S., Woodfall, B., Sestak, P. and Schechter, M. T., *Unsafe Sex and Elevated HIV Incidence Among Young Men Having Sex With Men (MSM)*, paper presented to the XIIIth International Conference on AIDS, Geneva, Switzerland, June/July 1998.

147. Dufour, A., Parent, R., Alary, M., Otis, J., Remis, R., Masse, B., Lavoie, R., Le Clerc, R., Turmel, B., Vincelette, J. and the OMEGA Study Group, *Characteristics of Young and Older Men Who Have Affective and Sexual Relations with Men (MSM) in Montreal*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, May 1998.

As of April 1997, Vancouver's Vanguard Study had reported that 24% of its sample (560 gay or bisexual men under age 30) had exchanged sex for money, drugs, goods, clothing, shelter or protection at some point in their lives and 13% had done so in the previous year.¹⁴²

These men were more likely than the rest of the sample to use condoms for oral sex. And while there was little difference in the entire sample in terms of condom use for anal intercourse with regular partners, these men were less likely to use condoms when having anal intercourse with casual partners.

HIV antibody test results from the Vanguard Study indicated that 4.3% of men who had exchanged sex for money, drugs, goods, clothing, shelter or protection tested HIV antibody-positive at the beginning of the study, compared to 1.5% for the rest of the sample.

The report concluded that men who exchange sex for any of these commodities may be at higher risk for HIV infection than other men who have sex with men, due to their sexual behaviours, injection drug use and relatively unstable living conditions, as well as their deviant status in Canadian society.

As of April 1997, seven men from the Vanguard Study had seroconverted, or gone from an HIV antibody-negative test result at baseline to a positive test result at follow-up. Three of these seven reported having been paid for sex in the previous year.¹⁴³ By April 1998, 10 men had seroconverted, and four of these 10 reported having exchanged sex for money, drugs, goods, clothing, shelter or protection in the previous year.¹⁴⁴ In recent years the Vanguard Study has been criticized for grounding its reports of male sex work and HIV and AIDS on a definition of paid sex that is questionably broad.¹⁴⁵ Nevertheless, the study continues to report that "compared to subjects who remained HIV negative, HIV seroconverters were more likely to have been paid for sex."¹⁴⁶

Data from the Vanguard Study have been compared to data from the OMEGA Cohort (1998), a study to estimate HIV incidence and risk factors among men who have sex with men in Montreal.¹⁴⁷ At the time of the analysis, 25% of the Vanguard Study's 631 participants had been paid for sex, compared to 21% of the 392 men in the OMEGA sample.

In addition, 11% of the Vanguard sample had paid for sex, compared to 9% of the OMEGA cohort. Of the subsamples of reported sex workers, 9% of the Vanguard sample and 4% of the OMEGA sample reported having had unprotected anal sex with male clients. Of the subsample of reported clients, 5% of the Vanguard sample and 1% of the OMEGA sample reported having had unprotected anal sex with male sex workers.¹⁴⁸

The AIDS-related attitudes of younger male sex workers

The Canadian Youth and AIDS Study (1989) asked questions about a variety of health issues, particularly in relation to HIV and AIDS. The male sex workers in the sample had the following to say:

On protecting themselves against HIV and AIDS:

You could tell if they have AIDS if they're real skinny and ugly, and you can tell fags.

Keep clean after sex – like, shower.

I do not have anal sex.

I don't hang around with people who might have the virus. Isn't it people with scabs on their faces and don't they lose a lot of weight? I'm really careful.

On accessing information:

Actually, it's hard to know [what the risks are] 'cause you've got a bunch of people saying don't have sex at all, and another group saying do whatever you want. If you listen to the stuff on television it's so confusing.

I can get six articles [on AIDS] daily out of the newspaper and I'm finding a lot of contradictions.

148. In contrast to the Vanguard Study the question asked of OMEGA respondents was "Have you ever received money in exchange for sex?"

149. King, A. J. C., Beazley, R. P., Warren, W. K., Hankins, C. A., Robertson, A. S. and Radford, J. L., *Canada Youth & AIDS Study*, Kingston, Queen's University at Kingston, Social Program Evaluation Group, 1989.

On attitudes towards people with AIDS:

I don't care about it. Attitudes with my friends is that it's a faggot's disease.

It's reality; they know before they turn gay they're going to get it.

Before, I felt no remorse for people who had [AIDS], but now that I have friends who have it, it turned me right around.¹⁴⁹

10.

Injection Drug Use, Male Sex Work and HIV and AIDS in Canada

After studies of street youth and younger male sex workers, the other major source for information on male sex work and HIV and AIDS in Canada is prevention research studies of injection drug users. While there are some data on behaviourally identified male injection drug users who also sell sex, there are almost no data on behaviourally identified male sex workers who also inject intravenous drugs.

The number of HIV infections among injection drug users in Canada has been increasing steadily since the beginning of the HIV epidemic in the early 1980s. Of the estimated 3,000-5,000 HIV infections occurring in Canada in 1996, approximately half were among injection drug users.¹⁵⁰

Some male injection drug users exchange sex for goods, money or drugs, yet very little is known about how men who sell sex and inject drugs may differ from either male sex workers who do not inject drugs, or men who inject drugs but do not sell sex.

Sexual behaviour and condom use of male sex workers who inject drugs

A Toronto study conducted between 1991 and 1994 looked at different groups of injection drug users entering drug treatment, as part of an international collaboration associated with the World Health Organization.¹⁵¹ In the years 1991 through 1994, approximately 400 male injection drug users were recruited each year from needle exchange programs and other community agencies known to serve drug users.¹⁵² Of these, between 3% and 9% had sold sex to male clients. Of the males who sold sex to women, approximately 50% said they always used condoms for vaginal intercourse, while approximately 19% said they never did. In 1991-92, 40% of male sex workers who injected drugs reported that they always used condoms for anal sex with male clients, while 10% said they never did. In 1992-93, 67% always used condoms and 0% never did, and in 1993-94, 77% always did and 12% never did.

A 1993 analysis of data from 907 injection drug users in Montreal reported that injection drug users who also sold sex used condoms at least occasionally 51% of the time with clients, 35% of the time with occasional partners and 10% of the time with regular partners.¹⁵³

150. Health Canada, *Risk Behaviours among Injection Drug Users in Canada*, HIV/AIDS Epi Update, Bureau of HIV/AIDS and STD, Laboratory Centre for Disease Control, Health Protection Branch, Ottawa, Health Canada, 1997.

151. Millson, P., Coates, R., Rankin, J., Myers, T., McLaughlin, B., Major, C. and Mindell, W., *The Evaluation of a Program to Prevent Human Immunodeficiency Virus in Injection Drug Users in Toronto*, final report presented to the City of Toronto Board of Health, Toronto, University of Toronto, September 1991; Millson, P., Myers, T., Rankin, J., Fearon, M., Major, C. and Rigby, J., "Drug Injection and Risk of HIV Study Update – Toronto," in Health Canada, *The Proceedings of the Meeting on HIV Infection among Injection Drug Users in Canada*, Montreal, Quebec, Laboratory Centre for Disease Control, Ottawa, Health Canada, 1994.

152. The Toronto Drug Injection and Risk of HIV Study included subsamples of male sex workers, investigating their behaviours with both male and female clients, recruiting 372 to 414 injection drug users per year.

153. Lamothe, F., Bruneau, J., Soto, J., Lachance, N., Vincelette, J. and Brabant, M., *Behaviours of Male and Female Intravenous Drug Users (IVDUs) Involved in Prostitution in Montreal, Quebec, Canada*, paper presented to the IXth International Conference on AIDS, Berlin, Germany, June 1993.

154. Baskerville, B., Leonard, L. and Hotz, S., *Evaluation of the SITE: A Pilot HIV Prevention Program for Injection Drug Users*, Ottawa, Ottawa-Carleton Health Department, 1994.

155. Parent, R., Alary, M., Hankins, C., Noël, L., Blanchette, C., Claessens, C., *HIV among IDUs: Second Surveillance Year of the SurvIDU Network*, paper presented to the Sixth Annual Canadian Conference on HIV/AIDS Research, Ottawa, June 1997.

156. Jackson, L. and Highcrest, A., "Female Prostitutes in North America: What Are Their Risks of HIV Infection?" in Sherr, L., Hankins, C. and Bennett, L. eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998.

157. Rekart, M. L., Chan, S., James, E. and Barnett, J., *HIV Testing "on the Street,"* paper presented to the Vth International Conference on AIDS, Montreal, June 1989.

158. Rekart, M. L., *Trends in HIV Seroprevalence among Street-Involved Persons in Vancouver, Canada, 1988-1992*, paper presented to the IXth International Conference on AIDS, Berlin, Germany, June 1993.

An Eastern Canada study published in 1994 described the evaluation of a needle exchange program through interviews with program participants. Of 552 male injection drug users, 34% indicated that they had had sex with male clients in the previous three months for either money, goods or drugs. Ninety-six percent reported having had oral sex with a same-sex client in the previous three months, and 46% reported having had anal sex with a same-sex client. Of these, 72% always used condoms for anal sex with clients and 29% never did.¹⁵⁴

In an analysis of needle exchange program participants in Ottawa and the province of Quebec presented in 1997, 7% of 2,475 men reported having had male clients. Of these, 64% never or only sometimes used condoms with their clients. Additionally, more than 4% of males had regular male partners, and of these, 73% never or only sometimes used condoms. Almost 7% had non-regular male partners, and of these, 75% never or only sometimes used condoms.¹⁵⁵

HIV and AIDS in male sex workers who inject drugs

Overall, in Canada, as in other parts of the developed world, the rates of HIV infection among male sex workers and among sex workers who inject drugs are higher than those found among female sex workers who do not inject drugs.¹⁵⁶

A 1989 British Columbia report on HIV testing among 199 street-involved people, 69% of whom were male, found that of 33 tests of bisexual male sex workers who injected drugs, four (12.1%) showed HIV antibody-positive results. In addition, three of 29 bisexual sex workers who did not inject drugs were HIV antibody-positive (10.3%).¹⁵⁷

A 1993 update of the above study of street-involved people, including injection drug users, conducted between 1988 and 1992, found that the HIV rate over five years for 825 people was 6.4%, and that sex between men was an important risk factor.¹⁵⁸

Another British Columbia study, conducted in 1994, presented an analysis of HIV quarterly reports between 1989 and 1994. The authors reported no increase in the rate of HIV antibody-positive test

results among individuals reporting sex work alone as a possible risk factor, but an increasing number of HIV antibody-positive test results in sex workers who also injected drugs between 1991 and 1993.¹⁵⁹

A third British Columbia study, also presented in 1994, revealed that 5.3%, or 17 of 322, injection drug users followed over an 18-month period tested positive for HIV antibodies. Those who tested positive were more likely to report having had sex for money than those who tested negative.¹⁶⁰

And a fourth British Columbia study, a consultation report published in 1996, stated:

there are serious risks associated with prostitution. Sexually transmitted diseases are increasing among prostitutes and johns; the number of identified HIV-positive cases among prostitutes has risen, particularly among those who are injection drug users.¹⁶¹

A Montreal analysis of 907 injection drug users who were either involved or not involved in sex work, published in 1993, found that sex work was more common in female injection drug users (51%) than in males (16%). However, HIV prevalence rates were higher in males (27.2%) than in females (15.2%). The risk behaviours that were statistically significant for both male and female injection drug users reporting involvement in sex work were: attending shooting galleries, being gay or bisexual, number of sexual partners and having been in prison. This paper concluded that male injection drug users who also sold sex were in need of additional preventative measures aside from those that are generally offered to injection drug users.¹⁶²

A second analysis of the above data, conducted in 1996, divided the sample into 694 injection drug users receiving treatment and 213 not receiving treatment. This paper reported that more injection drug users who also sold sex and were not in treatment were HIV antibody-positive than injection drug users who also sold sex and were in treatment. The rates of HIV infection among male injection drug users who also sold sex were found to be higher than those of their female counterparts.¹⁶³

159. Patrick, D. M., MacDougall, R. G., Knowles, L. J. and Rekart, M. L., "Report on an Outbreak of HIV Infection Among Injection Drug Users in British Columbia," Health Canada, *The Proceedings of the Meeting on HIV Infection among Injection Drug Users in Canada, Montreal, Quebec*, Laboratory Centre for Disease Control, Ottawa, Health Canada, 1994.

160. Health Canada, *The Proceedings of the Meeting on HIV Infection among Injection Drug Users in Canada, Montreal, Quebec*, Laboratory Centre for Disease Control, Ottawa, Health Canada, 1994, p. 59.

161. British Columbia, *Community Consultation on Prostitution in British Columbia: Overview of Results*, Victoria, Ministry of the Attorney General B.C., 1996, p. 4.

162. Lamothe, F., Bruneau, J., Soto, J., Lachance, N., Vincelette, J. and Brabant, M., *Behaviours of Male and Female Intravenous Drug Users (IVDUs) Involved in Prostitution in Montreal, Quebec, Canada*, paper presented to the IXth International Conference on AIDS, Berlin, Germany, June 1993.

163. Lamothe, F., Bruneau, J., Franco, E., Lachance, N., Desy, M., Soto, J. and Vincelette, J., *Risk Factors for HIV Seroconversion among Injection Drug Users in the Saint-Luc Cohort, Montreal, 1988-1995*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996.

164. Parent, R., Noël, L., Alary, M., Claessens, C., Marquis, G., Gagnon, M., Deslauriers, D. and Marcoux, N., "Évaluation de la prévalence des infections au VIH et de certains comportements d'injection et sexuels chez les utilisateurs de drogues par injection fréquentant le programme Point de repères," in Health Canada, *The Proceedings of the Meeting on HIV Infection among Injection Drug Users in Canada, Montreal, Quebec*, Laboratory Centre for Disease Control, Ottawa, Health Canada, 1994.

165. Noël, L., Lachance, C., Alary, M. and Marquis, G., *Social Network in a Community of Injecting Drug Users Attending a Needle Exchange Program in Quebec City*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996.

166. Calzavara, L., Burchell, A., Schlossberg, J., Myers, T., Wallace, E., Millson, M., Major, C. and Escobar, M., *HIV Risk Related to Sexual Activity Within Ontario Provincial Correctional Centres*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, April/May 1998.

Also in Quebec, researchers collected information on 831 injection drug users from the Quebec City Needle Exchange Program between 1993 and 1995. One report, published in 1994, indicated that of 212 male injection drug users, four of 14, or 28%, who sold sex were HIV antibody-positive, compared to 10%, or 18 of 186, who had not sold sex.¹⁶⁴

A second paper from the Quebec City study, published in 1996, reported on a qualitative network analysis of 25 people reporting the heaviest risk behaviours and who spent most of their time with other drug users. The study found that the mostly bisexual male injection drug users who also reported having engaged in sex work shared the same social networks as the females in this subsample. These men had a lower rate of exposure through needle transmission than the females, but engaged in more high-risk sexual behaviours. They associated with both steady injectors and non-injectors and shared injection materials primarily with each other and occasionally with female sex workers. The paper reported that

understanding the organization at the confluence of prostitution and IDU networks yields a practical basis for social intervention aiming to reduce HIV transmission.¹⁶⁵

Data on prison inmates who have injected drugs and also sold sex

Some Canadian studies of prison inmates also provide information on men who have injected drugs and sold sex. For example, a 1998 Ontario analysis of six provincial correctional facilities, with representation from all security levels, found that five of 432 male prison inmates (1%) reported ever having received money or drugs in exchange for sex; three of the five had done so within the previous year. Of these inmates, two were heterosexual, one homosexual, one bisexual and one transgendered. Three of the five had injected drugs in their lifetimes, and two of these had injected drugs outside prison in the previous year. Neither of the two recent injection drug users had shared needles, and none of the five inmates with sex work experience reported having had unprotected intercourse outside prison in the year prior to imprisonment. Four of the five reported ever having tested for HIV antibodies and two of these were HIV antibody-positive.¹⁶⁶

A 1995 Quebec report found that 12% of 41 male prison inmates who reported having previously engaged in sex work were HIV antibody-positive. The authors note that all of the HIV antibody-positive individuals, including those who had sold sex, were also injection drug users.¹⁶⁷

Peer researchers study drug-related harm among male sex workers

In 1994, Maggie's, the Toronto Prostitutes' Community Service Project, conducted a peer-driven needs assessment of drug-related harm among sex workers. In total, 161 people involved in both sex work and drug use consented to be interviewed. One-third of these were men who, on average, had spent more than five years in sex work.

Asked if they had ever done work they would otherwise turn down because they needed to get high, male sex workers said:

I've engaged in riskier sexual behaviour than I might have otherwise. Or, I've done tricks for many hours longer than I normally would have

A couple of times, to get drugs, I let a date fuck me to get more money.

I'm always very safe. I want to live too much to be stupid.

I do everything with a condom except for a hand job ... I think I have a better head on my shoulders than a lot of people turning tricks on the street. It's hard to imagine a lot of these men and women working on the street and they are totally fucked up and that's how they usually work, and I wonder if they would suddenly realize they had no condoms on them, [and] they needed a fix, would they go to the trouble of finding somewhere they could go get [a condom] before doing their next trick? Myself and all the people I know are safe in everything [we] do.¹⁶⁸

167. Dufour, A., Alary, M., Poulin, C., Allard, F., Noël, L., Trottier, G., Hankins, C. and Lepine, D., *HIV Prevalence and Risk Behaviours among Inmates of a Provincial Prison in Quebec City*, paper presented to the Fifth Annual Canadian Conference on HIV/AIDS Research, Winnipeg, June 1995.

168. Maggie's, the Toronto Prostitutes' Community Service Project, *Report on Assessing the Need to Reduce Drug-Related Harm Among Prostitutes Who Use Drugs*, Ottawa, Health Promotion and Social Development, Health Canada, File #6552-2-371, 1994.

Indoor Male Sex Work in Canada

169. Forbes, G. A., *Street Prostitution in Vancouver's West End*, prepared for the Vancouver Police Board and Vancouver City Council, Vancouver, Vancouver Police Department, 1977, p. 3.

170. Bureau of Municipal Research, *Cities*, Toronto, Bureau of Municipal Research, 1983.

171. Achilles, R., *The Regulation of Prostitution*, background paper presented to the City of Toronto Board of Health, Toronto, City of Toronto Public Health Department, April 24, 1995.

172. Jackson, L. and Highcrest, A., "Female Prostitutes in North America: What Are Their Risks of HIV Infection?" in Sherr, L., Hankins, C. and Bennett, L., eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 62.

173. Allman, D., *Personal Classified Advertisements of Men Seeking Sex With Men: Trends in Representations of Risk Behaviour, 1980-1994*, paper presented to the Fourth Annual Canadian Conference on HIV/AIDS Research, Toronto, June 1994.

Indoor sex work doesn't take place only in brothels. It is also, as Forbes (1977) described, a routine that for many decades has been very much a part of the game:

Male prostitutes interviewed admit frequenting gay clubs, hotel bars, steam baths and body rub parlours to meet prospective tricks. While some attempt to find a "sugar daddy" or "mark" to move in with, and provide sexual services in exchange for room and board, others just make enough money to live from day to day.¹⁶⁹

In Canada, visible street sex work is believed to account for only up to 20% of all sex work activity.¹⁷⁰ Not surprisingly, public concern regarding sex work is generally limited to visible street work. Public opinion polls conducted by the Fraser Committee (1985) found that 45% of Canadians thought "prostitution in private" was acceptable, but only 11% were prepared to tolerate street sex work.¹⁷¹

As is the case in any of the less visible venues for sex work, finding information on indoor male sex work is difficult. This section focuses on what little writing there is on one area of indoor male sex work: the indoor work of agency escorts, massage parlour attendants and independent advertisers.

Risks to health and safety, including risk of HIV infection, vary with the type of sex worker: street prostitutes, escorts, or prostitutes who work indoors. ... Street prostitutes have tended to be overrepresented in studies of sex workers, so that one must be cautious in generalizing on the basis of such studies about the risks to the health of other types of sex workers.¹⁷²

Escorts and independent advertisers

Pick up almost any Canadian newspaper, phonebook or entertainment weekly and you will find advertisements for escort service agencies and independent advertisers.¹⁷³ These services are a major form of indoor sex work in Canada.

It is important to keep in mind that in Canada,

street prostitution is illegal, whereas escort services are not – a discriminatory feature of the law that has an adverse effect on poorer sex workers.¹⁷⁴

Because these agencies do not explicitly advertise themselves as prostitution services, it can be hard to prove their responsibility when sex is exchanged for money ... women and men working on their own or for agencies are contacted by telephones and pagers and meet prospective clients in their own quarters or those chosen by the client.¹⁷⁵

Increasingly, male sex work in Canadian cities is moving indoors. An unprecedented number of sex workers are using telephones and private residences to facilitate their work, as well as working as licensed escorts and masseurs, often in order to provide a safer environment for themselves and their clients.¹⁷⁶

Today, sex work in smaller Canadian cities is often hidden, if not invisible. A recent national working group found that nearly all sex work in smaller Canadian cities was conducted indoors by escorts or independent advertisers.¹⁷⁷

The effect of this, in terms of HIV, is that health departments and outreach agencies may not know where or how to provide services to sex workers, and sex workers and escort agencies may not want to disclose the true extent of their activities for fear of the police and the courts.

For example, one community-based HIV prevention outreach program in Toronto, using current and former sex workers as outreach workers, found it difficult to access escort agencies and bawdy-houses, particularly those that provided the services of sex workers from specific ethnic backgrounds. Parts of the indoor industry maintain strict control, being more interested in profit-making than in health.¹⁷⁸

174. Jackson, L. and Highcrest, A., "Female Prostitutes in North America: What Are Their Risks of HIV Infection?" in Sherr, L., Hankins, C. and Bennett, L., eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 63.

175. Federal-Provincial-Territorial Working Group on Prostitution, *Results of the National Consultation on Prostitution in Selected Jurisdictions, Interim Report*, Ottawa, Department of Justice, 1995b, p. 6.

176. Highcrest, A., *At Home on the Stroll: My Twenty Years as a Prostitute in Canada*, Toronto, Alfred A. Knopf, 1997.

177. Federal-Provincial-Territorial Working Group on Prostitution, *Results of the National Consultation on Prostitution in Selected Jurisdictions, Interim Report*, Ottawa, Department of Justice, 1995b.

178. Jackson, L., Highcrest, A. and Coates, R., "Varied Potential Risks of HIV Infection Among Prostitutes," *Social Science and Medicine*, 1992, 35, 3, p. 283, citing a conversation between Alexandra Highcrest and Toronto sex workers.

179. Wong, S. K. H., *Needs Assessment of Asian Sex Trade Workers in Toronto, Final Report*, Toronto, Asian Community AIDS Services, 1995, pp. 17-18.

Massage parlours

We know that massage parlours exist in many Canadian cities. We also know that they are venues where forms of sex work occur. Though almost no research has been done to investigate the HIV-related issues of men who sell sex through massage parlours, or the issues of their clients, one small study was unearthed.

In 1995, the Asian Community AIDS Service (Toronto) conducted a needs assessment of Asian sex workers. Six were males between the ages of 22 to 30 who worked in a massage parlour. They found that

The environment is clean and there is a high degree of cohesion among the female and male sex workers/masseurs. ... There is a set pricing for the massage services and the owners take 50% of the total. If sexual services are provided, the entire income (known as the tip) belongs to the sex worker. ... The issue of condoms on the premises could be improved. Owners have asked their workers not to have condoms with them for fear of legal incrimination. This request by the owners facilitates an unsafe sex environment. The participants have stated that sex does [take place] on the premises; and they know that some workers do practise unsafe sex in exchange for higher monetary return. Some workers do go against their employers' request of not having condoms by hiding the condoms on them during their shift. At times clients do bring their own condoms with them on the premises; the respondents stated [that] there are clients who really know the hazards of unprotected sex.¹⁷⁹

12.

The Clients of Male Sex Workers in Canada

In 1985 the Fraser Committee established that 4% of Canadian adult males had bought the services of sex workers at least once; however, almost nothing is known about these men.¹⁸⁰ While some information is beginning to be collected on the clients of female sex workers, this process has not been initiated with regard to the clients of male sex workers. Very little is known about their sexual risk behaviours, their attitudes towards or knowledge about HIV, or how they identify themselves in terms of sexual orientation.

Same-sex clients

Some male sex workers have suggested that “their customers are a mix of men who are relatively open in the fact that they are homosexual, and men, often married, who would not want it known that they had homosexual preferences.”¹⁸¹

Others have suggested that their clients are

gay men who were “in the closet” (i.e., publicly posing as heterosexuals) and who used young hustlers as a means to obtain sexual satisfaction without risking exposure of their homosexual tendencies ... [or] socially inadequate men for whom a transaction with a prostitute represented one way of having a sexual encounter without fear of rejection.¹⁸²

A Montreal study published in 1996 found that of 135 young males who had ever sold sex, 27% had sold sex to both men and women, 40% had sold sex only to men and 33% had sold sex only to women. Selling sex to women was reported to be the safest activity, as none of the youth who had sold sex to women and who had not used injection drugs were found to be HIV antibody-positive.¹⁸³

A study conducted in British Columbia in 1996 found that the clients of male sex workers could be classified into three categories. The first was closeted men who buy sex from other males to fulfill a gay sexual desire. The second was men who prefer to have sex with younger males, and accomplish this by buying sex from young males. And the third was men unable to attract regular male sex partners, who therefore purchase gay sex instead.¹⁸⁴

180. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985.

181. *Ibid.*, p. 388.

182. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984, p. 1055.

183. Roy, E., Hayley, N., Boivin, J., Frappier, J., Claessens, C. and Lemire, N., *Risk Factors for HIV Infection in Street Youth*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996a.

184. Lowman, J., Atchison, C. and Fraser, L., *Men Who Buy Sex, Phase 1 Report*, Victoria, Ministry of the Attorney General B.C., 1996.

185. In 1993 London police arrested 37 men and youths under age 18, accusing all 37 of involvement in a child pornography ring. The reality was that only two of the 37 were involved in pornography. In the end, the other 35 were only accused of having sex with men.

186. CBC Ideas, Allen, M. (Producer), *The Trials of London*, Toronto, Canadian Broadcasting Corporation, 1994.

187. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984.

188. Clark, L., "Boys Will Be Boys: Beyond the Badgley Report, A Critical Review," in Lowman, J., Jackson, M. A., Palys, T. S. and Gavigan, S., eds., *Regulating Sex: An Anthology of Commentaries on the Findings and Recommendations of the Badgley and Fraser Reports*, Vancouver, Simon Fraser University School of Criminology, 1986.

189. King, A. J. C., Beazley, R. P., Warren, W. K., Hankins, C. A., Robertson, A. S. and Radford, J. L., *Canada Youth & AIDS Study*, Kingston, Queen's University at Kingston, Social Program Evaluation Group, 1989, p. 115; see also Nelson, A. and Robinson, B. W., *Gigolos and Madames Bountiful: Illusions of Gender Power and Intimacy*, Toronto, University of Toronto Press, 1994.

In 1994, CBC Radio's Ideas program aired an interview with a man who had supposedly been involved in a child pornography ring in London, Ontario.¹⁸⁵ Although not in fact involved in pornography, the man did speak of his experiences as a paying client of male sex workers:

I see somebody that's in need of help, I'll lend a helping hand. ... And when I reflect back [on] the number of people that I've helped, the number of people that I've met on the street that were homeless, and I've helped, that I've taken into my home and that have lived with me – and I'm not talking about for a few days or a few weeks – that have lived with me for a number of years, and they knew when they came there as to my sexuality; there were no rules [like] you must have sex with me or else you can't stay here. It wasn't that kind [of thing]. It was a friendship. If anything ever did happen it was mutually agreed upon. And I feel that my life benefited from it, [and] they feel that their life benefited from it.¹⁸⁶

The female clients of male sex workers

There is very little evidence to suggest that females make up a significant number of the clients of male sex workers. The Badgley Committee (1984) reported that approximately 97% of the clients of sex workers were male.¹⁸⁷ However, Clark (1986) reported that almost 62% of the males interviewed had been approached by a female client at least once.¹⁸⁸

So while very little is known about the male clients of male sex workers, even less is known about their female clients. Yet one young male sex worker said:

I sell myself for sex, only to women. I go down to the Royal York, to a bar there. Women approach you; [you] have to spend the whole night with them. Usually older ladies buy you things and you can get 100 bucks a night.¹⁸⁹

More money, more skin

One of the most controversial aspects of male sex work in Canada is the reported practice of male sex workers having sex without condoms in exchange for a higher fee. Overall the Canadian literature is unclear as to how frequently this practice occurs, and in what contexts it may take place.

A needs assessment report from Toronto's Asian Community AIDS Service, published in 1995, contains a description of why a male sex worker would have sex without condoms in exchange for more money. Male respondents, working in a same-sex massage parlour, indicated that

not practising safe sex is simple because they (co-workers) really need the "extra" money. These workers rationalized that because the client looks clean and has a wife and family that they are sexually clean, therefore the chances of getting an STD are slim and it is worth it for the extra money.¹⁹⁰

Many other studies have found that male sex workers have reported having sex without condoms in exchange for extra payment.¹⁹¹

However, there is certainly more than a single factor that affects "sex workers' ability to refuse clients who do not wish to use a condom." Other reasons would likely include "inexperience on the streets, threats of violence, economic pressure and drug use."¹⁹²

The practice of having sex without condoms in exchange for a higher fee is an element of male sex work that is commanding attention in the absence of any truly valid or reliable data. As is the case in a number of other areas, including the relationship between male sex work and childhood sexual abuse in Canada, it will be necessary to conduct methodologically sound and morally unbiased research before reliable conclusions can be drawn.

190. Wong, S. K. H., *Needs Assessment of Asian Sex Trade Workers in Toronto, Final Report*, Toronto, Asian Community AIDS Services, 1995, p. 20.

191. See Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984, p. 102; see also Jackson, L., Highcrest, A. and Coates, R., "Varied Potential Risks of HIV Infection Among Prostitutes," *Social Science and Medicine*, 1992, 35, 3, pp. 281-86.; Miller, M. L., Strathdee, S. A., Martindale, S. L., Cornelisse, P. G. A., Hogg, R. S., Cook, D., Montaner, J. S. G., O'Shaughnessy, M. V. and Schechter, M. T., *Characteristics of Male Sex Trade Workers Enrolled in a Prospective Study of HIV Incidence*, paper presented to the Tenth Annual B.C. AIDS Conference, Vancouver, October 1997b.

192. Jackson, L. and Highcrest, A., "Female Prostitutes in North America: What Are Their Risks of HIV Infection?" in Sherr, L., Hankins, C. and Bennett, L., eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 62.

Male Sex Work and Sexual Identity in Canada

193. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984, pp. 969-70.

194. Mathews, R. F., *Mirror to the Night: A Psycho-Social Study of Adolescent Prostitution*, unpublished PhD thesis, Department of Education, University of Toronto, 1986; Visano, L., *This Idle Trade*, Concord, Visano Books, 1987; Scott, V., *The Role of Sex Worker Representative Organisations*, paper presented to the First National Sex Industry Conference, Melbourne, Australia, October 1988; Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991; Tremble, B., "Prostitution and Survival: Interviews with Gay Street Youth," *Canadian Journal of Human Sexuality*, 1993, 2, 1, pp. 33-45; Highcrest, A., *At Home on the Stroll: My Twenty Years as a Prostitute in Canada*, Toronto, Alfred A. Knopf, 1997.

195. Badgley, C., Burrows, B. A. and Yaworski, C., "Street Kids and Adolescent Prostitution: A Challenge for Legal and Social Services," in Bala, N., Hornick, J. P. and Vogl, R., eds., *Canadian Child Welfare Law: Children, Families and the State*, Toronto, Thompson Educational Publishing Inc., 1991, p. 114.

Male sex workers typically sell sex to male clients, yet they may not self-identify as homosexual or gay. Of the male sex workers studied by the Badgley Committee, 31% reported that they were homosexual or gay, 23% reported that they were heterosexual or straight, 31% reported that they were bisexual and almost 4% self-identified as transgendered. An additional seven male sex workers indicated that they were undecided about their sexuality.

Many of these males said that they had first been drawn to street life because, as homosexuals, they had been unable to find acceptance in any other milieu; they reported having been rejected or made to feel alienated at home and school when, in their early adolescence, they had become aware of their tendency to feel attracted to other males. Too young to frequent "gay bars," many of these male youths had turned to the streets as the only place where they believed that they could meet persons of like sexual preference, and where they could escape the hostility and derision of their families and peers.¹⁹³

Exploring sexuality

Many Canadian studies have suggested that younger men who self-identify as homosexual may be more likely to enter sex work than those who self-identify otherwise. The most important factor appears to be that these men may be drawn to sex work as a way of discovering and exploring their sexuality.¹⁹⁴

It is not clear whether this sex-role orientation emerge[s] because of prostitution or homosexual seduction, or whether young gay males lacking acceptance in other social settings drifted into prostitution.¹⁹⁵

Some studies have highlighted the differences between the experiences of male sex workers who identify as gay and those who do not.

The male prostitutes who are gay, in contrast to their heterosexual counterparts, have unique ties to the street. For some of them, prostitution is more than a way of making money. It may be a way of avoiding conflicts about sexual orientation

(“I’m not gay – I only do it for money”). It may be perceived as a way of socializing, making contacts with other gay males and finding a meaningful relationship.¹⁹⁶

Sexual identity development

Other Canadian writings have pointed to the *safe harbour* effect male sex work holds for the development of a gay sexual identity.

It’s a way for a closeted gay youngster to deal with a homosexual identity. Unable to face coming out, neither can he ignore his feelings and needs. Prostitution is a way to have the game without the name.¹⁹⁷

Discussing the research surrounding Bill C-49, Brannigan and Fleischman (1989) wrote:

young male prostitutes frequently work on the street as a way of “coming out” and meeting other gay males. These young people often do not come to the attention of the law or appear in the official statistics as prostitutes.¹⁹⁸

Brannigan (1994) also described law enforcement experiences in Calgary, and how the sexual identities and sexual environments of young male sex workers differed from those of female sex workers:

The police engaged in undercover sting operations on the gay stroll. They intercepted the customers of the boys, and they discovered that the male and female strolls were radically different. The motivation for engaging in prostitution in the two strolls is quite different. The females are financially motivated. They’re very concerned about making money very quickly, and transacting the date with utmost haste and the maximum amount of return. On the gay strolls, many of the young men who engaged in hustling activity are doing it not so much out of financial pressure (that’s there, I don’t want to deny that) but they’re also doing it because they are working through their sexual identities. Many of these young guys have bisexual feelings or gay feelings and gravitate to the stroll because that’s where you meet other guys

196. Schneider, M. S., *Often Invisible: Counselling Gay and Lesbian Youth*, Toronto, Central Toronto Youth Services, 1988, p. 76.

197. Tremble, B., “Prostitution and Survival: Interviews with Gay Street Youth,” *Canadian Journal of Human Sexuality*, 1993, 2, 1, p. 42.

198. Brannigan, A. and Fleischman, J., “Juvenile Prostitution and Mental Health: Policing Delinquency or Treating Pathology,” *Canadian Journal of Law and Society*, 1989, 4, p. 80.

199. CBC Ideas, Allen, M. (Producer), *The Trials of London*, Toronto, Canadian Broadcasting Corporation, 1994.

200. Rekart, M. L., Chan, S., James, E. and Barnett, J., *HIV Testing "on the Street,"* paper presented to the Vth International Conference on AIDS, Montreal, June 1989.

201. The study did not ask respondents whether they were the sex workers or the clients in the encounters.

202. Myers, T., Allman, D., Strike, C., Calzavara, L., Millson, P., Major, C., Graydon, M. and Leblanc, M., *Bisexual Men and HIV in Ontario: Sexual Risk Behaviour with Men and with Women*, paper presented to the Sixth Annual Canadian Conference on HIV/AIDS Research, Ottawa, May 1997.

203. For information on the social networks of Canadian bisexual males who sell sex and inject drugs, see Noël, L., Lachance, C., Alary, M. and Marquis, G., *Social Network in a Community of Injecting Drug Users Attending a Needle Exchange Program in Quebec City*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996.

with the same inclinations. That's also where you can meet other men who are cruising these areas. One of the things that made it difficult for the police to succeed in making arrests is that when they would pick up some of the young boys, the young boys would check them out, show some attraction to them, and offer in many cases to have sex without money. To have sex for affection. So the police after about 1988 simply stopped policing the stroll, and we find that the arrests have been confined to the heterosexual strolls.¹⁹⁹

Bisexuality, HIV and male sex work

A British Columbia study on HIV testing among 199 street-involved people, published in 1989, found that of 33 bisexual male sex workers who injected drugs, four (12.1%) were HIV antibody-positive. In addition, three of 29 bisexual sex workers (10.3%) who did not inject drugs were HIV antibody-positive. This paper concluded that “amongst street-involved persons in Vancouver, intravenous drug use, prostitution and bisexuality are common. HIV sero-positivity is at a critical stage . . . and strategies should be focused on bisexual male prostitutes.”²⁰⁰

In Ontario, the BISEX Survey interviewed 1,314 bisexual men, 20 of whom had met at least one casual male partner through sex work.²⁰¹ A 1997 analysis indicated that the average age in this subsample was 36. All of the 20 self-identified as bisexual, and 25% were married. In discussing their sexual behaviours in the previous year, 6% reported having had unprotected anal sex with a man, 46% reported having had unprotected vaginal and/or anal sex with a woman, 24% reported having had unprotected vaginal and/or anal sex with both, and 24% reported having had only safe (protected) vaginal and/or anal sex with both men and women.²⁰²

None of the bisexual men in this subsample reported ever having been diagnosed with gonorrhoea, genital warts, genital herpes or hepatitis A, B, or C. One man reported having been diagnosed with chlamydia, and one man had been diagnosed with syphilis. Twenty-seven percent of these men had taken an HIV test, and none reported being HIV antibody-positive. In addition, all said that they believed that they were currently HIV antibody-negative.²⁰³

Male Sex Work and Childhood Sexual Abuse in Canada

In Canada there is continued debate as to the number of Canadian males who have experienced threat or force as part of their lifetime sexual experience. Some researchers believe that the experience of threat or force subsequently influences the potential for involvement in male sex work as well as participation in sexual activities which pose a high risk for HIV infection. However, such an association has yet to be demonstrated.

The relationship between child sexual abuse and male sex work is unclear. While some assert that all young people involved in prostitution are “victims of sexual abuse,”²⁰⁴ others believe that sex work, for some youth, is a viable career option.²⁰⁵

A national population survey conducted in 1983 found that one in five Canadian males reported that their first sexual experience had involved the use of threat or force, and slightly fewer than one in three had experienced sex involving threat or force at least once in their lifetimes.²⁰⁶

The Badgley Committee (1984) found that by age 11, over half of the younger male sex workers had already had their first sexual experience, and in general, more than three-quarters of the male sex workers were sexually active by age 13.²⁰⁷

Discussing the Badgley Report, Lowman (1987) wrote that male sex workers “were twice as likely to have experienced a first unwanted sexual act involving force or threats of force within their family as other members of the Canadian population.”²⁰⁸

However, the Fraser Committee (1985) concluded that, in terms of child sexual abuse, the experiences of younger sex workers are similar to those of other Canadian children and youths:

When we conclude, therefore, that prostitutes do not appear to have higher levels of being sexually abused as children, it is not because they are unlikely to have been abused, but because it appears to be such a common phenomenon in our society.²⁰⁹

This is in contrast to the findings of the Vanguard Study (1996), according to which 51% of 92 younger men who were currently exchanging sex for money, drugs, goods, clothing, shelter or protection

204. Task Force on Children Involved in Prostitution, *Children Involved in Prostitution*, Alberta, Minister of Family and Social Services, 1997.

205. International Conference on Prostitution and Other Sex Work, *Participation Kit*, Montreal, Quebec Public Interest Research Group at McGill University, 1996.

206. Peat, Marwick and Partners, *A National Population Study of Prostitution and Pornography*, Ottawa, Department of Justice, 1984.

207. Badgley Committee (Committee on Sexual Offences against Children and Youth), *Sexual Offences against Children*, Ottawa, Department of Supply and Services, 1984.

208. Lowman, J., “Taking Young Prostitutes Seriously,” *Canadian Review of Sociology and Anthropology*, 1987, 24, 1, p. 103.

209. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985, pp. 373-74.

210. Strathdee, S. A., Hogg, R. S., Martindale, S. L., Cornelisse, P. G. A., Craib, K., Schilder, A., Montaner, J. S. G., O'Shaughnessy, M. V. and Schechter, M. T., *Sexual Abuse is an Independent Predictor of Sexual Risk-Taking Among Young HIV-Negative Gay Men: Results from a Prospective Study at Baseline*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996.

reported having experienced nonconsensual sex, compared to 31% of 589 younger men in the rest of the sample.²¹⁰ The Vanguard Study concluded that sexual abuse in childhood and adolescence was clearly associated with male sex work and may also be associated with increased HIV risk behaviour. However, due to the study's broad definition of sex work, such a conclusion may be premature.

15.

Aboriginal Male Sex Workers

There is very little documentation or analysis of male sex workers from different ethnic backgrounds in Canada, and almost none on Aboriginal male sex workers, even though Aboriginal men have been found to make up significant proportions of samples of sex workers, street youth and injection drug users.²¹¹

A Winnipeg street outreach project conducted in 1997 recruited a sample of 20 male sex workers, 55% of them Aboriginal. Of these 20 men, 85% had been tested for HIV antibodies, 75% had been tested for other STDs and 35% reported having had an STD. Seventy percent were, or sometimes were, worried about HIV. Thirty-five percent always used condoms at work and with partners, 50% always at work and 55% always with partners.²¹²

Aboriginal respondents of the long interview reported less stable housing, less formal education and were younger than non-Aboriginal respondents. Aboriginal respondents were also more likely to say they felt safe when working.²¹³

211. But see Rekart, M. L., Chan, S., Barnet, J., Lawrence, C. and Manzon, L., *HIV and North American Aboriginal Peoples*, paper presented to the VIIth International Conference on AIDS, Florence, Italy, June 1991; Sinclair, B., *Aboriginal Street Youth and Sex Trade Workers Study for the Joint National Committee on Aboriginal AIDS Education and Prevention*, Edmonton, Alberta Indian Health Care Commission, 1993; Read, S., DeMatteo, D., Bock, B., Coates, R., Goldberg, E., King, S., Major, C., McLaughlin, B., Millson, M. and O'Shaughnessy, M., *HIV Prevalence in Toronto Street Youth*, Toronto, The Hospital for Sick Children, 1993.

212. Village Clinic, *Street Outreach Project Needs Assessment: Final Report*, Winnipeg, Village Clinic, 1997.

213. *Ibid.*, p. 4.

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214. Jackson, L. and Highcrest, A., "Female Prostitutes in North America: What Are Their Risks of HIV Infection?" in Sherr, L., Hankins, C. and Bennett, L., eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998.

215. Health Canada, *The Proceedings of the Meeting on HIV Infection among Injection Drug Users in Canada*, Montreal, Quebec, Laboratory Centre for Disease Control, Ottawa, Health Canada, 1994.

216. Highcrest, A. and Maki, K., *Prostitutes: AIDS Prevention in Their Private Lives*, alternately titled *When Love is Illegal: AIDS Prevention in the Context of the Private Sex Lives of Prostitutes*, paper presented to the VIIIth International Conference on AIDS, Amsterdam, Netherlands, July 1992.

Some of the studies cited in this document have found that male sex workers may make distinctions between their work and private lives, and that a different set of rules may apply with clients than with non-clients. Additionally, familiarity with regular clients may blur the lines between commercial sex and private sex, and could potentially lead to inconsistent condom use.²¹⁴

These differences highlight the lines male sex workers may draw between personal sex and work sex. The male sex workers questioned in some Canadian studies appear to have two sets of rules for sex: one for regular partners and one for casual partners and clients. Male sex workers may use condoms with clients but not with partners, because of a condom's ability to provide a physical and emotional barrier.²¹⁵

A 1992 study conducted by the Canadian Organization for the Rights of Prostitutes found that

most of the prostitutes contacted indicated that they understood the message to use condoms with clients as a safety at work message. They could apply the information they received through the prevention program to contacts with clients. However, many stated that they generally ignored the message to use condoms/barriers with lovers/spouses. Two main reasons were given for not applying the prevention message to private sexual contacts: a) there was no perceived risk of infection in terms of private relations; and, b) the risk was viewed as no different than the risks others in the general population face, and the general population does not appear to be consistently using condoms with lovers/spouses. ... Since prostitutes make a separation between the work world and their private lives, prevention programs may have to do the same if they are to be effective. Prevention programs targeting prostitutes may have to develop a message that targets sexual relations with clients (work relations) and a separate message for sexual relations with lovers/spouses.²¹⁶

In a paper presented in Montreal in 1996, male sex workers were found to be less likely to have anal sex with clients than with their primary partners and more likely to use condoms with clients, regardless of the type of sexual activity.²¹⁷

These differences are another facet of male sex work in Canada that will require further exploration before the implications for HIV policy, education and outreach become clear.

217. Shaver, F. and Newmeyer, T., *Men Who Have Sex With Men: A Comparison of the Sexual Practices and Risk-Taking Behaviour of Gay and Bisexual Men and Male Prostitutes*, paper presented to Sida, jeunesse et prévention. Au-delà du discours, des actions!, at the 64th conference of ACFAS, Montreal, May 1996.

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218. Canadian Child Welfare Association, *Proceedings of the National Consultation on Adolescent Prostitution*, Mont Tremblant, Quebec, September 1987, p. 17.

219. Rouget, A. C., Mah, J. K., Lang, R. A. and Joffres, M. R., "Prevalence of Sexually Transmitted Diseases in Juvenile Prostitutes and Street Youth," *Canadian Journal of Infectious Diseases*, 1994, 5, 1, p. 26, cited in McCall, K., *HIV and Homelessness: The Challenge to Street Health and Social Services*, Ottawa, Ottawa/Carleton Council on AIDS, 1994, p. 9.

HIV and other STDs are not the only health issues confronting male sex workers and their clients. There have been studies indicating that sex workers have great difficulty accessing physical and mental health services in general.

In 1987, the National Youth in Care Network conducted a national consultation on juvenile prostitution. As part of a panel discussion, the following question was asked of a group of young people: "Are there medical services accessible/available to you and what would be most useful to you right now?"

Two comments evoke the situation of male sex workers seeking health care in Canada:

[HIV] testing is supposed to be confidential, but there always ends up to be people knowing and talking about your medical problems.

When entering a hospital for medical care, the first thing I was asked was whether or not I was homosexual. Upon answering yes, the practitioners immediately put on face masks and rubber gloves and I felt like I was being treated like some kind of experiment.²¹⁸

Others have suggested that

despite universal health care access in Canada, a high-risk population is not using the present system of health care delivery. A proposal to send health care professionals into the street to recruit high-risk youth for a complete medical examination and sexually transmitted disease screening should be contemplated. The cost for this type of health care delivery will be minimal in comparison with the human suffering and cost of the complications associated with sexually transmitted diseases.²¹⁹

Today, in Canada, there is more evidence to support the argument that male sex work and HIV and AIDS are not necessarily associated. Within this context, sex work advocates believe that police and policy makers should turn their attention away from their current stance of criminalization towards another framework that would promote occupational safety and healthy sexuality.

Attitudes, laws and policies which stigmatize and discriminate against sex workers affect the “health, well being and safety of sex workers, particularly street prostitutes, and increase their vulnerability to HIV infection.”²²⁰

Sex workers are often disinclined to access health and social services on account of the stigma associated with their occupation.²²¹

Nevertheless, despite evidence which does not support the “exaggerated link” between male sex work and HIV and AIDS, “policies directed at the sanitary policing of prostitutes are still evident today.”²²²

If there was more of a workplace structure for boys to work in, the “harm,” or maybe better “risk,” would be reduced dramatically. It is precisely because we have no legal place of work (especially in small cities and towns) that it is left to the street, including runaways and survival sex. And it is in this grey area of negotiation, trust and relationships that younger guys are most at risk of having regular unsafe sex and catching something.²²³

Forced or mandatory medical examinations and HIV antibody testing for sex workers in Canada

An important issue associated with sex workers’ access to health care is the question of forced or mandatory medical examination of sex workers, including HIV antibody testing.

In 1984, 69% of Canadians agreed with the statement that “prostitution is a major cause of the spread of venereal disease,” and 82% agreed that one of the roles of government in adult sex work was to “require prostitutes to have medical examinations.”²²⁴

The Ontario Law Reform Commission (1992) was not convinced that mandatory testing of sex workers could deter high-risk sexual behaviour. The Commission also found it unclear “how involuntary testing could be useful in preventing HIV transmission in the sex industry.”

220. de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 63.

221. Herland, K., *STELLA: Addressing Sex Workers’ Risk for HIV/AIDS in Context*, paper presented to the XIth International Conference on AIDS, Vancouver, July 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998.

222. Shaver, F., “Prostitution: On the Dark Side of the Service Industry,” in O’Reilly-Fleming, T., ed., *Post-Critical Criminology*, Scarborough, Ontario, Prentice-Hall Canada, 1996, p. 42.

223. Andrew Sorfleet, written communication.

224. Peat, Marwick and Partners, *A National Population Study of Prostitution and Pornography*, Ottawa, Department of Justice, 1984.

225. Ontario Law Reform Commission, *Report on Testing for AIDS*, Toronto, Ontario Law Reform Commission, 1992, cited in Jürgens, R. and Palles, M., *HIV Testing and Confidentiality: A Discussion Paper*, Montreal, Canadian AIDS Society and Canadian HIV/AIDS Legal Network, 1997, p. 174.

226. Nelson, N. A., "Prostitution and Genito-Infectious Disease Control," *Canadian Journal of Public Health*, 1943, 34, 6, p. 257.

227. National Advisory Committee on AIDS, "Human Immunodeficiency Virus Antibody Testing in Canada: Recommendations of the National Advisory Committee on AIDS," *Canada Diseases Weekly Report*, 1989, 15, 8, pp. 37-43, cited in Jürgens, R. and Palles, M., *HIV Testing and Confidentiality: A Discussion Paper*, Montreal, Canadian AIDS Society and Canadian HIV/AIDS Legal Network, 1997.

228. Jürgens, R. and Palles, M., *HIV Testing and Confidentiality: A Discussion Paper*, Montreal, Canadian AIDS Society and Canadian HIV/AIDS Legal Network, 1997, p. 194.

Unless Canadians are willing to consider isolating indefinitely or otherwise restricting all infected workers – measures that would encourage prostitutes and others at risk to avoid HIV-related testing and other help-seeking alternatives – little could be done with the information. In short, for both the client and the sex worker the Commission believes the risk of transmission is best addressed by targeted education efforts and programs designed to encourage risk-reducing behaviour, including information about the use of condoms and clean needles. No exception to a general rule requiring voluntary, specific, and informed consent for all HIV-related testing is justified with respect to male or female sex workers.²²⁵

In 1943, in an article focusing on syphilis published in *The Canadian Journal of Public Health*, Nelson wrote that if the forced medical examination of sex workers

could prevent the spread of infection, those who support prostitution and derive profit from it would have cleaned it up long ago, at their own expense. It would be worth millions of dollars to prostitution to have it freed from infection, for it is the prolific spread of disease by prostitutes which subjects it to really serious public attack.²²⁶

In 1989, The National Advisory Committee on AIDS found that "mandatory or compulsory HIV testing is unwarranted for persons working in the sex industry because harms from such testing would outweigh any benefits for them."²²⁷

And a 1997 report on HIV antibody testing and discrimination concluded:

Mandatory or compulsory testing of sex workers or other coercive measures directed at them will do little to prevent the spread of HIV among sex workers and to clients. Rather than such measures, interventions are necessary that would give sex workers the means to protect themselves against HIV transmission and would empower them to use them. This will also necessitate an analysis of the impact of laws regulating and/or penalizing prostitution on efforts to prevent HIV infection.²²⁸

18.

HIV and AIDS Outreach and Education for Male Sex Workers in Canada

In this section, the discussion moves from prevention research findings to the work and thoughts of sex work advocates and community-based outreach and prevention groups.

While many Canadian academics and researchers have found it difficult to separate the moral and occupational issues associated with sex work – and as a result, have been slow to incorporate issues of HIV and AIDS and issues of occupational safety into their studies of male sex work – sex work advocacy and outreach groups have been proactive and vocal about how HIV and occupational safety are linked.

There are many jobs that involve risks and require safety measures. Sex workers are well aware of the potential risks of their trade, including the potential for violence or infection. Because of this they ensure precautions for both themselves and their clients. Just as construction workers always wear helmets on a job site, sex workers use condoms.²²⁹

One of the HIV education messages put forth by Maggie's Prostitutes' Safe Sex Project is that

the risk of catching HIV is not from having sex for money, but from having risky sex with partners who we trust, love and play with – from people and activities that are outside the parameters of sex work.²³⁰

And education by sex workers' outreach and advocacy groups has not been limited to handing out condoms and lube. Commenting on the Prostitutes' Safe Sex Project, sex worker and activist Danny Cockerline²³¹ recalled:

When we first started doing this project, our approach was to find out what people knew about safe sex and offer them condoms. What we found was that a lot of people were really insulted because they knew about condoms and safe sex already. Even offering them a condom was an insult because they would say, "Well, I've got my own condoms." So we started a new approach where we would give them material like pamphlets to give to their customers. The whole approach was that this is material to educate your customer and it is not therefore

229. STELLA, *Some Myths About Sex Work*, educational pamphlet, Montreal, 1996.

230. Prostitutes' Safe Sex Project (PSSP) – see <http://www.walnet.org/csis/groups/maggies/>. PSSP was initiated by the Canadian Organization for the Rights of Prostitutes and later adopted by Maggie's.

231. For information about Danny Cockerline, see: http://www.walnet.org/97_walnut/danny_cockerline/.

232. Danny Cockerline, quoted in Brock, D., "Prostitutes are Scapegoats in the AIDS Panic," *Resources for Feminist Research*, 1985, 18, 2, p. 16.

233. Currently, the effectiveness of nonoxynol-9 in reducing the risk of HIV transmission is unclear. See Cook, R. L. and Rosenberg, M. J., "Do Spermicides Containing Nonoxynol-9 Prevent Sexually Transmitted Infections? A Meta-Analysis," *Sexually Transmitted Diseases*, 1998, 25, 3, pp. 144-50.

234. Scott, V., *The Role of Sex Worker Representative Organisations*, paper presented to the First National Sex Industry Conference, Melbourne, Australia, October 1988, p. 89.

an insult to you. That has been very successful. ... It encourages them to feel good about the fact that they are practising safe sex and promoting it with their customers.²³²

Why educate sex workers and their clients?

In 1988, Canadian sex worker and activist Valerie Scott, speaking at a sex work conference in Melbourne, Australia, proposed three answers to the question, "If sex workers are already having safer sex, why bother with an AIDS education program for sex workers?" According to Scott,

1. There are still people in the business who are ill informed, usually because they have just arrived from a small town where AIDS information is not easily available, or because they are younger people for whom access to safe sex information is difficult.
2. There is more that people need to know about AIDS and STD prevention than the media usually provides. While most prostitutes know enough to use condoms, some don't know the difference between lambskin and latex, others don't know the right kind of lube to use, how to use nonoxynol-9 effectively,²³³ how to clean needles if they or anyone they know shoots drugs, how and why to avoid other STDs, how to assess the risks of having unsafe sex with a lover, etc. ... Gaps in knowledge are greater in small centres because there are fewer AIDS cases, and therefore less media discussion about how to avoid AIDS.
3. Prostitutes need help educating those customers and other sex partners who don't want to use condoms. Because most prostitutes have contact with hundreds of men a year, they are well situated to play the role of educators. An outreach project can provide prostitutes with the information and skills they need to do this education.²³⁴

AIDS prevention education messages for male sex workers

Many Canadian researchers have concluded that conventional HIV and AIDS prevention programs may not reach male sex workers. One reason is that provincial and national initiatives fail to focus on the potential differences between male and female sex workers.²³⁵

Another reason is that many male sex workers do not self-identify as gay, so special efforts should be made to address potential barriers to safer sex, including social, cultural, economic and sexual realities.²³⁶

Ultimately, with information on male sex workers, their clients and their experiences with HIV and AIDS as limited as it currently is, it is difficult to develop and evaluate intervention programs.²³⁷

Some sex work advocates feel that

AIDS prevention workplace messages should be delivered in the context of other workplace issues such as police harassment, violence, street and other worksite safety, daycare and other health issues. A prostitute's home life isn't much different from yours. Personal safer sex messages that work for you can work for me too.²³⁸

Community-based AIDS outreach for male sex workers

In Toronto, the Street Outreach Services (SOS) program has been working with young sex workers since 1985. The organization holds that most youth do not become involved in sex work by choice, but rather through circumstance. According to SOS, youth are pushed into sex work by such things as family problems, sexual identity issues, trouble at school, poverty or the lack of available jobs.

The anonymity of a large city like Toronto holds the appeal of apparent freedom, but in fact, relegates most of these youths to an abandonment of their original goals and ideals, replacing them with the often harsh requirements of survival.²³⁹

235. Godin, R., Mathews, F. and Meston, J., *Does Anybody Care: Proceedings of the Follow-Up Consultation on Juvenile (Adolescent) Prostitution*, Halifax, Children's Aid Society, 1990.

236. Miller, M. L., Strathdee, S. A., Martindale, S. L., Cornelisse, P. G. A., Hogg, R. S., Cook, D., Montaner, J. S. G., O'Shaughnessy, M. V. and Schechter, M. T., *Characteristics of Male Sex Trade Workers Enrolled in a Prospective Study of HIV Incidence*, paper presented to the Tenth Annual B.C. AIDS Conference, Vancouver, October 1997b.

237. Shaver, F. and Newmeyer, T., *Men Who Have Sex With Men: A Comparison of the Sexual Practices and Risk-Taking Behaviour of Gay and Bisexual Men and Male Prostitutes*, paper presented to Sida, jeunesse et prévention. Au-delà du discours, des actions!, at the 64th conference of ACFAS, Montreal, May 1996.

238. Highcrest, A. and Maki, K., *Prostitutes: AIDS Prevention in Their Private Lives*, alternately titled *When Love is Illegal: AIDS Prevention in the Context of the Private Sex Lives of Prostitutes*, paper presented to the VIIIth International Conference on AIDS, Amsterdam, Netherlands, July 1992, p. 5.

239. Street Outreach Services, *Submission by Street Outreach Services (SOS) to the Board of Health*, Toronto, Street Outreach Services, June 14, 1995, p. 1.

240. Séro-Zéro, *Projet Prostitution Masculine Action Séro-Zéro 1997-1998*, Montreal, Séro-Zéro, 1998.

241. Linnebach, K. and Schellenberg, J., "Street Outreach with MSM Sex Trade Workers Allows Clients to Define their Needs," *Canadian AIDS News*, Canadian Public Health Association, 1996, 9, 2, p. 11.

242. Village Clinic, *Street Outreach Project Needs Assessment: Final Report*, Winnipeg, Village Clinic, 1997.

243. <http://www.walnet.org/swav/>.

Among the services offered by SOS are HIV and AIDS education initiatives, peer education workshops, safer sex-toy workshops, HIV testing and counselling and condom distribution.

In Montreal, *Projet Prostitution Masculine* is a community-based initiative that takes HIV prevention to the streets. Initiated in 1996 and coordinated by the AIDS service organization Séro-Zéro, this project delivers condoms, lubricants and a needle exchange service to male sex workers in the downtown core.²⁴⁰

In Winnipeg, the Village Clinic's Street Outreach Project allowed male sex workers "to define their own needs and identify strategies to meet those needs, instead of service being delivered based on assumptions of employees and volunteers of the community clinic."²⁴¹ This project delivered basic health services including condom distribution, health information and service referrals to male sex workers. It also collected behavioural data on the male sex work populations that it served.²⁴²

In Vancouver, Andrew Sorfleet coordinates the Sex Workers Alliance of Vancouver (SWAV). Through the award-winning SWAV website, which has been on-line since August 1995, sex workers and their clients can access information on issues affecting sex workers, including information on HIV and AIDS.²⁴³

Also in Vancouver, the Downtown South Community Health Clinic operates Boys R Us, a drop-in centre for male sex workers which provides a safe place, meals, health-related services and links to HIV and AIDS counselling and testing. The centre also serves as a point of recruitment for the Vanguard Study. The drop-in is operated in cooperation with a number of the city's other community-based organizations, including AIDS Vancouver.

These are some examples of community-based organizations providing AIDS outreach for male sex workers in Canada.

19.

Canadian Law Enforcement and Male Sex Work

The Montreal portion of the Department of Justice consultation paper *Street Prostitution: Assessing the Impact of the Law* (1989) reported that one of the factors influencing the relationship between law enforcement and sex work is fear of AIDS. According to this report, police officers

do not like working undercover because they are afraid of surprise reactions by male and female prostitutes with AIDS. They are afraid the prostitutes will bite them or spit in their faces. ... Others have told us they would not try to conclude an arrangement to gather evidence against a man or woman who had AIDS ... the fear of AIDS influences the fight against homosexual prostitution most of all.²⁴⁴

June 1987 saw the first major police action to try to combat male sex work on Toronto's homosexual track. A 14-member undercover squad arrested 23 men.

Despite concern about the deadly AIDS virus police taking part in the sweep took no special precautions and those arrested will not be automatically tested for the disease, police said. However, one investigator noted that, unlike female prostitutes, none of the men who were arrested carried condoms as protection against infection.²⁴⁵

Almost 10 years later, police were continuing to aggressively confront not only visible forms of male sex work, but also less visible forms, such as male striptease. In one case police raided a Toronto club, charging 19 men.

"They asked a whole bunch of questions," one dancer said. "If we're paid to work in the club? Who makes the schedule? If the customers touched you? If you touched the customers? If I'd observed any prostitution?"²⁴⁶

This bust also raised concern about bathhouses because the bawdy-house charges used in 1996 were based on the same laws used against patrons of Toronto's gay bathhouses during the 1970s.

Overall, the hypocrisy which characterizes much of the enforcement of sex work-related laws in Canada can be in direct conflict with activities intended to educate people and prevent the spread of HIV and AIDS.²⁴⁷

244. Gemme, R., Payment, N. and Malenfant, L., *Street Prostitution: Assessing the Impact of the Law*, Montreal, Ottawa, Department of Justice, 1989, p. 73.

245. *Toronto Star*, June 5, 1987.

246. *XTRA!*, January 4, 1996.

247. Achilles, R., *The Regulation of Prostitution*, background paper presented to the City of Toronto Board of Health, Toronto, City of Toronto Public Health Department, April 24, 1995.

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248. *Vancouver Province*, October 5, 1990.

249. CBC Ideas, Allen, M. (Producer), *The Trials of London*, Toronto, Canadian Broadcasting Corporation, 1994.

250. Matthew McGowan, quoted in Sorfleet, A. and Bearchell, C., "The Sex Police in a Moral Panic: How the 'Youth Porn' Law Is Being Used to Censor Artists and Persecute Youth Sexuality," *Parallelogramme*, 1994, 20, 1, p. 19.

Since the early 1980s, Canada's media have continually promoted the stereotype of the male sex worker as *AIDS vector*. An example is an opinion piece in the *Vancouver Province* concerning the difficulty of curbing the irresponsible behaviour of sex workers and their clients. Though the article, entitled "A Deadly Dilemma," reported on an HIV antibody-positive female sex worker, it was illustrated by a quarter-page photograph of two male sex workers, with the caption "male prostitutes wait for customers . . . difficult issues for health officials."²⁴⁸

In 1993, Canada's press had a field day as tales of gay pornography in the city of London, Ontario, filled the country's newspapers.

Exaggeration and misrepresentation have characterized the London story from day one. There is said to be a child porn ring, but most of the men who have been arrested don't know each other, and only two of them have made any porn, none of which was ever distributed to anyone else. If anything it is a child-porn duet. Distinctions have completely collapsed. Seventeen-year-olds, at the height of their sexual vigour, are called "children." The reporting makes it sound like these angelic boys were all lured from their well-to-do nuclear families, when in fact they all, with maybe one or two exceptions, come from broken, dysfunctional homes, to use the words of the court record. They found, usually with each other's help, gay men who would give them money and clothes, and in some cases a place to stay. This subculture of men and boys has been relentlessly attacked in London by three institutions acting in concert: the police, the social welfare agencies, and the press.²⁴⁹

The typical 1990s media frenzy surrounding the London sex trials had implications not only for the men and youth of this mid-size Ontario town, but for male sex workers and their clients in cities across the country:

I'm going to stick to the things I know. The boys in London are being treated like criminals for trying to earn a living as hookers, which is their business. Their private lives have been splashed all over the press and all over their communities. But London is not the only place young male prostitutes are being harassed. Over the past eight months in Toronto four young males have been arrested and many others have been questioned around a so-called "kiddie porno ring."²⁵⁰

21.

Decriminalization, Regulation and Licensing of Sex Work in Canada

How do prostitution laws affect the spread of HIV among prostitutes? The criminalization of sex for money means that hookers who are subject to abuse from their customers are less able to report their abusers. It also makes it difficult for them to insist on condom use with their customers, and thus increases their chances of becoming infected.²⁵¹

Traditionally there have been two options to Canada's current policy of criminalizing sex work: decriminalization and regulation (legalization).

Decriminalization refers to the complete removal of a prostitution-related offence. . . . *Regulation* (also called by some people *legalization* or *partial decriminalization*) refers to a framework in which some prostitution activity which is subject to criminal sanction under existing provisions of the Criminal Code would be rendered lawful.²⁵²

The most frequently recommended approach in Canada is regulation (legalization), wherein sex work would be allowed in certain forms through either zoning or licensing. Sometimes called the *occupational perspective*, this approach "suggests that legal tolerance is the key. Legalization, in principle, would lead to the regulation of the practice of prostitution as a trade and make it safer for all involved."²⁵³

This was one of the recommendations of the Fraser Committee (1985), though it was never adopted. Meanwhile, 14 years later, the debate surrounding the decriminalization or regulation of sex work in Canada continues.

The current policy of criminalizing sex work does not help sex workers insist on condom use with their customers, and may in fact increase the chances of HIV infection and transmission.²⁵⁴ "The only rational solution is to decriminalize prostitution and provide prostitutes with the same rights and protections with respect to their working conditions as people in other occupations have."²⁵⁵

Since the beginning of the AIDS epidemic in Canada, the idea of licensing prostitutes has gained popularity. A consultation in Edmonton "proposed a model of prostitution control which would license employers of escort agencies, massage parlours, and strip bars. In order

251. Bastow, K., "Prostitution and HIV/AIDS," *Canadian HIV/AIDS Policy & Law Newsletter*, 1996, 2, 2, p. 13.

252. Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998, p. 63.

253. Brannigan, A., *Victimization of Prostitutes in Calgary and Winnipeg*, Research, Statistics and Evaluation Directorate, Policy Sector, Department of Justice, Technical Report #TR1996-15e, Ottawa, Department of Justice, 1994, p. 61.

254. Bastow, K., "Prostitution and HIV/AIDS," *Canadian HIV/AIDS Policy & Law Newsletter*, 1996, 2, 2, pp. 12-14.

255. *Ibid.*, p. 13.

256. Achilles, R., *The Regulation of Prostitution*, background paper presented to the City of Toronto Board of Health, Toronto, City of Toronto Public Health Department, April 24, 1995, p. 8.

257. Longstaff, B., *Report of Subcommittees on Prostitution to the Federation of Canadian Municipalities Big Cities Mayors' Caucus*, Calgary, Federation of Canadian Municipalities, 1993, pp. 5-6.

258. Scott, V., *The Role of Sex Worker Representative Organisations*, paper presented to the First National Sex Industry Conference, Melbourne, Australia, October 1988, quoted in Jürgens, R., "Prostitution," *HIV/AIDS Policy and Law Newsletter*, 1995, 2, 1, p. 1.

259. Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998, p. 70.

to get a licence, prostitutes would have to be over the age of 18 and free of STDs, including HIV. Medical examinations would be required every six months."²⁵⁶ Ultimately, however, this proposal failed due to problems of liability the system would engender with the city.

In another consultation, this one sponsored by the Federation of Canadian Municipalities, Calgary Alderperson Bev Longstaff responded to the possibility of licensing all sex workers:

If all vendors were licensed, would STD testing be mandatory? In the case of the Calgary Escort Framework, City Council has resisted this requirement. Obviously, the practice of safe sex is in the interest of every sexually active person. However, should cities adopt mandatory testing of the sellers, this may result in unintended consequences. The clients may pressure sellers to engage in unprotected sex on the supposition that the prostitutes are somehow medically certified. This would be dangerous for everyone involved.²⁵⁷

As a representative of the Canadian Organization for the Rights of Prostitutes stated in 1988,

laws that prevent prostitutes from working legally also prevent education about safer prostitution.²⁵⁸

And, as the Federal-Provincial-Territorial Working Group on Prostitution (1998) concluded,

The current legal framework established to address street prostitution reflects the ambivalence of the Canadian public towards this activity. . . . Despite a series of Criminal Code amendments made over the past 25 years, the Working Group received compelling evidence that the existing law is not working.²⁵⁹

Decriminalization of sex work and HIV prevention

The document *HIV/AIDS and Discrimination: A Discussion Paper* reported on a recent review of policies and programs aimed at sex workers:

There have been three strategies to control HIV infection among sex workers: regulating sex workers by mandatory HIV testing, treatment, and in some cases detention; providing accessible and appropriate services for sex workers through targeted programs and specialist clinics; and enhancing the ability of sex workers to safeguard their health and improve their position in the industry. The review observes that there is no evidence that the first strategy, regulation, has prevented HIV transmission:

Indeed it has been argued that repression exacerbates the problem since sex workers are further marginalized from health services in the attempt to evade state restrictions on their work.

Decriminalization and anti-discriminatory measures, on the other hand, have been effective in reducing the risk of sexually transmitted diseases and HIV infection:

Decriminalization and anti-discriminatory measures have been associated with low levels of infection and almost universal condom use. In New South Wales, Australia, and in the Netherlands, legal and social changes appear to have paved the way for more effective health interventions within the sex industry.

The review concludes that a combination of the second and third strategies is required:

Targeted programmes are important in the short term for those with higher prevalences of infection, including groups of prostitutes. Specialist health care is an important occupational service for sex workers, regardless of the relative prevalence of infection. However, targeted control programmes and specialist health services can only complement, not replace, more broadly based interventions to the sex industry as a whole and a general health infrastructure.²⁶⁰

260. Day, S. and Ward, H., "Sex Workers and the Control of Sexually Transmitted Disease," *Genitourinary Medicine*, 1997, 73, pp. 161-68, and de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, Ottawa, 1998, p. 64.

Canadian Social Theory Applied to Sex Work

261. Nelson, N. A., "Prostitution and Genito-Infectious Disease Control," *Canadian Journal of Public Health*, 1943, 34, 6, pp. 259-60.

262. Lowman, J., "Prostitution in Canada," in Jackson, M. A., Griffiths, C. T. and Hatch, A., eds., *Canadian Criminology: Perspectives on Crime and Criminality*, Toronto, Harcourt Brace Jovanovich, 1991.

263. Lowman, J., "Street Prostitutes in Canada: An Evaluation of the Brannigan-Fleischman Opportunity Model," *Canadian Journal of Law and Society*, 1990, 6, pp. 137-64.

If prostitution is a degrading profession, and if it is a prolific spreader of disease, why should the male be permitted to demand that prostitutes be available to enable him to exercise his sexual freedom?²⁶¹

When Canadians describe and explain sex work, they often position their arguments based on the assumption that the sex workers are female and the clients male, yet we have seen how male and female sex workers may experience sex work differently.

The Canadian discourse on sex work generally attempts to describe and explain the phenomenon from one of two theoretical perspectives. At the very least, these perspectives should account for or help explain the *differences* between men and women who sell sex, as well as the similarities.

One of these two frameworks is the social-psychological perspective. This perspective was adopted by the Badgley Committee (1984) and does not usually include significant structural analysis of the family as a social unit, or of the role of the family in production and reproduction.

In contrast, the Fraser Committee (1985) utilized the second most popular framework: a political economy approach. This perspective is usually influenced by a feminist analysis of patriarchal social relations and stresses inequalities in job opportunities, earning power and sexual socialization.²⁶²

According to Lowman, a Canadian theoretical perspective on sex work should amalgamate both of the above frameworks. Such a perspective would combine a political economy or social-structural level of analysis (which considers such factors as racial, gender and generational power structures – including employment opportunities) with a social-psychology perspective (which would focus on the factors that “push” people away from their home lives and those that “pull” them to the street and into sex work).²⁶³

Ultimately, one must consider the Canadian context in which sex work occurs:

Certainly people make choices. Indeed, most prostitutes claim that their prostitution is a matter of choice and that it is motivated by the rational expectation of gain. But “reasons” are not necessarily “causes.” What is more important, both theoretically and in terms of designing social policy, is *the relationship between choice and constraint*. To adopt a familiar sociological aphorism, people usually choose to prostitute, but they do not make this choice in conditions of their own choosing.²⁶⁴

Brannigan (1994) described four ideas around which public discussions of sex work tend to cluster: nuisance, occupation, delinquency and exploitation:

1. Nuisance: “the idea that street prostitution is essentially a public nuisance which has to be suppressed to protect neighbourhoods”
2. Occupation: “the idea that prostitution is an occupation in which people exercise rights over their own bodies and over how they propose to earn money from them”
3. Delinquency: “the idea that prostitution is a form of delinquency or crime which needs to be deterred like other forms of unlawful conduct”
4. Exploitation: “the idea that prostitution is a form of sexual exploitation of a vulnerable sector of society”

Nuisance, delinquency, occupation and exploitation are four very different ways of thinking about prostitution. None of these definitions of the situation is completely compelling. Each has different implications for how we conceive of what the alternative measures need to address and how these measures would contribute to the issues of safety.²⁶⁵

Kinsman (1994) would have us ask, how is it that sexual relations—including sex work and same-gender sex—are made into social problems? For him,

264. *Ibid.*, p. 160.

265. Brannigan, A., *Victimization of Prostitutes in Calgary and Winnipeg*, Research, Statistics and Evaluation Directorate, Policy Sector, Department of Justice, Technical Report #TR1996-15e, Ottawa, Department of Justice, 1994, pp. 59-60.

266. Kinsman, G., "Constructing Sexual Problems: 'These Things May Lead to the Tragedy of Our Species,'" in Samuelson, L., ed., *Power and Resistance, Critical Thinking About Canadian Social Issues*, Halifax, Fernwood Publishing, 1994, p. 166; see also Brock, D., *Making Work, Making Trouble: Prostitution as a Social Problem*, Toronto, University of Toronto Press, 1998.

267. Kinsman, G., "Constructing Sexual Problems: 'These Things May Lead to the Tragedy of Our Species,'" in Samuelson, L., ed., *Power and Resistance, Critical Thinking About Canadian Social Issues*, Halifax, Fernwood Publishing, 1994, p. 167.

268. *Ibid.*, p. 183.

269. Visano, L., *This Idle Trade*, Concord, Visano Books, 1987, pp. 311-12.

it is especially important to investigate where these definitions have historically and socially come from. If we can grasp where they have come from, and how they have been put in place, we can act to challenge and transform them.²⁶⁶

Traditionally, knowledge about male sex work in Canada has been used to mandate police action, to assist legal and judicial systems in the formation of Criminal Code offences "and to help organize psychiatric, medical, media, and social practices for dealing with sexual 'problems.'"²⁶⁷ In order to solve the difficulties involved in theorizing male sex work in Canada, we will need to shift social standpoints and begin to empower sex workers and their clients "to have more control over their bodies and the circumstances shaping their sexual lives."²⁶⁸

Visano (1987) found that our liberal democracy's social service framework of intervention in the lives of male sex workers rests on the belief that they are incapable of moral responsibility:

These benevolent services are attentive to certain "needs," rather than the "rights" of these youths. . . . This humanitarianism holds firmly to the concept of "parens patria" – the state as a parent. Following this logic of parental responsibility, liberal informers argue that it is not necessary to extend to these youth the same legal rights enjoyed by adults.²⁶⁹

In order to fully understand male sex work in Canada, we have to consider not only what in some cases might "push" men away from their homes and "pull" them into sex work. We also have to consider the human and legal rights of these individuals, as well as looking at how it is that male sex work and the buying and selling of sex are seen as social problems.

23.

Summary

This document has compiled and considered many kinds of information on male sex work in Canada.

Across the country, studies have examined the experiences of sex workers with STDs; health care utilization; injection drug use; HIV testing; HIV and AIDS knowledge, attitudes and beliefs; sexual behaviours with clients and with partners; and, in some instances, HIV antibody status. There has been virtually no consistency of measurements used or of populations sampled.

In the absence of consistent science, any synthesis of this data will have to look for the commonalities that do exist.

One commonality found in many of these studies is that of reported condom use. This is largely because questions concerning the use or non-use of condoms are central to HIV prevention studies. This commonality is not ideal, as there is great variation in how questions regarding condom use have been conceptualized, as well as variation in how results pertaining to condom use have been reported and analyzed.²⁷⁰ Yet it is these data which allow for the most valid and least biased synthesis of what is known in Canada about the risks of HIV infection and transmission for male sex workers, their clients and their partners (see Table p. 70).

- The Badgley Committee (1984) reported that 18% of younger male sex workers used condoms for oral sex and 19% for anal sex.
- Rekart and Manzon (1989) reported that 88% of the men in their sample of street-involved people always used condoms and 100% of those who had engaged in sex work always used condoms.
- Rekart *et al.* (1989) reported that 85% of the sample who self-identified as male sex workers always used condoms.
- Millson *et al.* (1991, 1994) reported that 61% of male injection drug users who had engaged in sex work always used condoms with male clients, and 34% with female clients. Condoms were always used for anal sex with male clients 40%, 67% and 77% of the time in 1991-92, 1992-93 and 1993-94, respectively. For vaginal sex with female clients, condoms were reportedly used all the time by approximately 50% of respondents in each of the three time periods.

270. See Crosby, R. A., "Condom Use as a Dependent Variable: Measurement Issues Relevant to HIV Prevention Programs," *AIDS Education and Prevention*, 1998, 10, 6, pp. 548-57.

Table: The reported condom use of male sex workers in Canadian studies: 1984 – 1998

STUDY	YEAR	CITY/AREA	POPULATION	SEXUAL ACTIVITY	CONDOM USE	PARTNER TYPE
Badgley	1984	Canada	younger male sex workers	oral sex anal sex	18% always 19% always	
Sansfaçon	1985	Canada	male sex workers		30-40% (unspecified)	
Rekart and Manzon	1989	Vancouver	street-involved people male sex workers		88% always 100% always	
Rekart <i>et al.</i>	1989	Vancouver	street-involved sex workers		85% always 26% always	clients partners
Millson <i>et al.</i>	1991	Toronto	IDU/male sex workers		61% always 34% always	male clients female clients
Millson <i>et al.</i>	1991-92 1992-93 1993-94 1991-92 1992-93 1993-94	Toronto	IDU/male sex workers	anal sex vaginal sex	40% always 67% always 77% always 50% always 50% always 50% always	male clients female clients
DeMatteo <i>et al.</i>	1993	Toronto	HIV+ male sex workers	anal sex	100% always	clients
Lamothe <i>et al.</i>	1993	Montreal	IDU/male sex workers		51% occasionally or more 35% occasionally or more 10% occasionally or more	clients occasional partners regular partners
Read <i>et al.</i>	1993	Toronto	street-involved youth		54% always 68% always	male clients female clients
Baskerville <i>et al.</i>	1994	Eastern Canada	IDU/male sex workers	anal sex	72% always	clients
MacDonald <i>et al.</i>	1994	Canada	street-involved younger male sex workers		55% always	
Romanowski <i>et al.</i>	1994	Alberta	traded sex for money traded sex for drugs male sex workers		64% always 55% always 61% always	
Shaver and Newmeyer	1996	Montreal	male sex workers oral sex	oral sex anal sex vaginal sex oral sex anal sex 45% mostly or always anal sex	55% always 90% always 75% always 71% mostly or always 92% mostly or always 71% mostly or always	clients clients partners partners
CRD	1997	Victoria	younger male sex workers		73% always	clients
Parent <i>et al.</i>	1997	Ottawa/ Quebec	IDU/male sex workers		36% always 27% always 25% always	clients regular partners casual partners
Village Clinic	1997	Winnipeg	male sex workers		35% always 50% always 55% always	clients and partners clients partners
Calzavara <i>et al.</i>	1998	Ontario	prison inmates who had sold sex	anal sex	100% always	
Dufour <i>et al.</i>	1998	Montreal	male sex workers	anal sex	96% always	clients
Vanguard *	1998	Vancouver	younger male sex workers	anal sex	91% always	clients

* (cited in Dufour *et al.*, 1998)

- DeMatteo *et al.* (1993) reported that 100% of the HIV antibody-positive male sex workers they studied used condoms for anal sex with clients.
- Lamothe *et al.* (1993) reported that male injection drug users who had also sold sex indicated that they used condoms at least occasionally: 51% of the time with clients, 35% of the time with occasional (casual) partners and 10% of the time with regular partners.
- Read *et al.* (1993) reported that 54% of their sample always used condoms with male clients and 68% with female clients.
- Baskerville *et al.* (1994) reported that 72% of their sample of injection drug users who had sold sex always used condoms for anal sex with clients.
- MacDonald *et al.* (1994) reported that 55% of street-involved younger male sex workers always used condoms.
- Romanowski *et al.* (1994) reported that 64% of men who reported trading sex for money always used condoms, 55% of men who reported trading sex for drugs always used condoms and 61% of men who self-identified as male sex workers always used condoms.
- Shaver and Newmeyer (1996) reported that 55% of male sex workers always used condoms for oral sex, 90% for anal sex and 75% for vaginal sex. In terms of partner type, 71% of male sex workers used condoms most or all of the time for oral sex with clients, 45% for oral sex with partners, 92% for anal sex with clients and 71% for anal sex with partners.
- The Capital Regional District (1997) reported that 73% of younger male sex workers studied always used condoms with clients.
- Parent *et al.* (1997) reported that of male injection drug users who had also sold sex, 36% always used condoms with clients, 27% always used condoms with regular partners and 25% always used condoms with casual partners.

271. Fraser Committee (Special Committee on Pornography and Prostitution), *Pornography and Prostitution in Canada*, Ottawa, Department of Supply and Services, 1985, p. 395.

- The Village Clinic (1997) reported that 35% of male sex workers sampled always used condoms with both clients and partners, 50% always used condoms with clients and 55% always used condoms with partners.
- Calzavara *et al.* (1998) reported that 100% of the men in their sample of prison inmates who had sold sex did not report unprotected anal intercourse.
- Dufour *et al.* (1998) reported that 96% of their sample of male sex workers did not report unprotected anal sex with clients, nor did 91% of the relevant men in the Vanguard Study (cited in Dufour *et al.*, 1998).

In 1985, Sansfaçon, in a research review of sex work in Canada, concluded that among male sex workers, the number of men who used condoms was between 30 and 40%. It would appear from the research undertaken for this document that this figure is no longer valid. Though drawing definitive conclusions from the data contained in the present document is problematic, the findings on reported condom use do suggest a trend:

Viewed holistically, the evidence does much to refute the label of male sex workers as AIDS vectors.

Instead, it suggests that increasingly, male sex workers in Canada are protecting themselves, their clients and their sexual partners from STD and HIV infection and transmission.

Although prostitutes do contract STDs, the public's strongly held belief that prostitutes are a major cause of the spread of such diseases is not substantiated. Epidemiological studies indicate that prostitutes are not a prime factor in the spreading of STDs. This occurs as a consequence of sexual mores changing throughout society and cannot be seen as the result of the behaviour of one relatively small group of people. As indicated, prostitutes, of all people in society, have a real interest in seeing that they are not infected.²⁷¹

While the summary of Canadian data gathered for this document does much to verify the hypothesis that male sex workers have incorporated safer practices into their occupational and sexual repertoires, there are three areas, in particular, which may require further analysis.

First are data which indicate that men who inject drugs and also sell sex may engage in less safe sex than men who sell sex and do not inject drugs. Second are data which indicate that men who sell sex may practise safer sex with their clients and casual or occasional partners than with their regular partners or lovers. Third are the limited data which suggest that men who sell sex may use condoms more with female clients than with male clients.

It is not the intent of this document to suggest that these unanswered questions are anything other than hypotheses. Differences in how researchers have conceived and defined sex work, the time periods researchers consider reliable in terms of recall, the manner in which questions are worded, the means by which data are collected, the strategies for recruitment, the techniques of data analysis and the lack of standardization – all, to date, have functioned to impede any methodologically sound synthesis of research on male sex work and AIDS in Canada.

In 1985, the Fraser Committee issued the statement that “prostitutes are very aware of the dangers of sexually transmitted diseases (STDs) and the reputation prostitutes have for the spread of such diseases,” but then qualified this statement by noting that research had yet to substantiate this.²⁷²

It is hoped that this document has gone some distance in rectifying this problem.

272. *Ibid.*, p. 384.

Research Recommendations

273. Andrew Sorfleet, written communication.

274. Earls, C. M. and David, H., "Male and Female Prostitution: A Review," *Annals of Sex Research*, 1989b, 2, p. 22.

How Canadian research has defined and measured the HIV risk of male sex work *or* Why we need methodologically sound and morally unbiased research on sex work

At the forefront of the current discourse into research on male sex work and HIV and AIDS in Canada is the concern about how data, and especially HIV prevalence and risk-behaviour data concerning sex workers and their clients, might be used.

The repercussions of research that suggests that hustlers are taking risks with their clients (putting their clients at risk), combined with the criminal status of sex work, can create an environment that promotes harassment by police and social services, and could even lead to legislation that violates the rights of sex workers (court orders, quarantine), driving them further underground, making them less reachable by education programs and therefore more vulnerable to infection.²⁷³

The complexity of undertaking research on sex workers means that those who design and implement such research must be vigilant:

Overall, the research on prostitution is plagued by a number of conceptual and methodological problems. First, proposed taxonomies based on age (juveniles versus adults), sex (males versus females) or type of activity (street walker, call girl, etc.) have not contributed appreciably toward our understanding of the general phenomenon. Second, although many studies have attempted to describe the demographic characteristics of prostitutes, faulty subject selection and a failure to include appropriate comparison groups undermine a meaningful interpretation of the results. Finally, there has been an almost complete separation of theory and research according to the sex (male versus female) of the prostitutes studied.²⁷⁴

Not all sex workers are alike and not all sex workers think or act in the same way:

There is considerable variation in the practices of sex workers and the conditions affecting their health and safety. Studies of HIV infection among sex workers often draw on samples that are not necessarily representative of all types of sex workers. As a result it is difficult to generalize about the risks to the health of sex workers, including the risk of HIV infection, from one locale to another.²⁷⁵

For many, sex work is just another job. All sex workers have work lives and personal lives, even if those outside the field cannot differentiate between the two.

Research on sex workers has focused more on their working lives than their private lives, even though many sex workers may be more at risk in the latter than the former.²⁷⁶

These are only a few of the realities that any future investigation need begin to recognize.

One of the challenges in summarizing the data on male sex work and AIDS in Canada has been the ways in which researchers have defined and operationalized the variables they study. One common example is age:

one of the major problems in developing a profile of youth involved in prostitution in Canada is that there are no reliable estimates of the number of youth involved. One of the problems in identifying the number of these youth relates to the different ages that are used when referring to youth involved in prostitution. The Badgley Committee defined “juvenile prostitutes” as those under 20. The Fraser Committee addressed those under 18, while still others describe youth as persons under 16.²⁷⁷

A second example are questions which seek to understand the relations sex workers have with their clients and partners. As one study respondent indicated,

My main problem with the questionnaire was that it didn't distinguish between clients and non-clients. ... You have to classify your clients as either casual partners or regular partners,

275. de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 62.

276. Jackson, L. and Highcrest, A., “Female Prostitutes in North America: What Are Their Risks of HIV Infection?” in Sherr, L., Hankins, C. and Bennett, L., eds., *AIDS as a Gender Issue: Psychosocial Perspectives*, London, Taylor and Francis, 1996, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 63.

277. Federal-Provincial-Territorial Working Group on Prostitution, *Report and Recommendations in Respect of Legislation, Policy, and Practices Concerning Prostitution-Related Activities*, Ottawa, Department of Justice, 1998, p. 15.

278. J. M., written communication.

279. For the full text of Sorfleet's critique, *The Vanguard of Exploitation*, see the SWAV website at <http://www.walnet.org/csis/groups/swav/vanguard-3.html>.

280. Andrew Sorfleet, written communication.

281. Aggleton, P., *Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS*, London, UCL Press, 1999.

which in itself is not always that clear. In other words, if you only do hand jobs for clients but perform oral without condoms for your casual partners, there's nowhere on the questionnaire to make the distinction, and the study could use that info to conclude that sex workers aren't using condoms for oral.²⁷⁸

A third common example is the actual definition of sex work. The Vanguard Study, a cohort investigation of young men who have sex with men, defines sex work or paid sex as including “sex exchanged for money, drugs, goods, clothing, shelter or protection.” This is essentially the same definition the Badgley Committee utilized in 1984, and one that defines sex work as sex in exchange for almost *anything*.

Critiquing this definition, Andrew Sorfleet of the Sex Workers Alliance of Vancouver (SWAV)²⁷⁹ points out,

the only thing the Vanguard project left off the list was affection. ... Any results of HIV incidence with regard to male sex workers will reflect on those who are visible and identify as sex workers. But the “data” will have really been drawn from the much broader experience of any form of compensation in exchange for sex. ... The loose definition of “paid sex” allows the category of people responding to be very broad.²⁸⁰

In order for research to move ahead, the expectations research funders, researchers and researched communities bring to the research enterprise must be heightened. In the realm of research on sex work, this will require cooperation. It will also require standardization of the ways in which concerns are operationalized, variables measured and concepts, such as sex work, defined.

How HIV prevention research could begin to conceptualize sex work

In the book *Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS*,²⁸¹ Allman and Myers (1999) summarized 10 research questions that could be applied to the study of male sex work in Canada. For these researchers, arriving at a more concrete

understanding of male sex work and HIV and AIDS in Canada will require a more rational, scientific and methodologically sound research than Canadians have been privy to in the past.

1. Much of what is known in terms of male sex work and HIV and AIDS pre-dates current social, behavioural and epidemiological measures of sexuality and its expression.
2. With few exceptions, most samples of male sex workers have been subsamples of other larger populations, or have been small in size.
3. Rarely have the same methods and measurements for the study of male sex work been utilized in cities of different sizes across the country.
4. There are little longitudinal data on male sex work, and less multi-site data.
5. Virtually nothing is known of the manifestation of male sex work other than visible street sex work.
6. The exchange of sex for goods other than monetary currency has, to our knowledge, never been studied in Canada.²⁸²
7. At present there is little insight into the behaviours, attitudes and beliefs of either the clients or partners of male sex workers and how these relate to HIV and AIDS.
8. There is not a solid understanding of how male sex workers who are also injection drug users differ from male sex workers who are not injection drug users.
9. Very little is known of the experiences of male sex workers of different racial, ethnic or cultural identities working in Canada, particularly Aboriginal sex workers.
10. A better understanding is needed of the roles of sexual identity, social environment, and internal and external homophobia and the experiences of younger male sex workers.²⁸³

282. While a number of studies have investigated the exchange of a variety of goods in return for sex, no Canadian study has explored the differences between sex in exchange for money and sex in exchange for other commodities, such as drugs, food or shelter.

283. Allman, D. and Myers, T., "Male Sex Work and HIV/AIDS in Canada," in Aggleton, P., ed., *Men Who Sell Sex: International Perspectives on Male Prostitution and HIV/AIDS*, London, UCL Press, 1999.

Ten additional areas of inquiry include:

11. An examination of the roles of power and risk in negotiations male sex workers have with their clients and with casual and regular partners;
12. Greater understanding of how male sex workers experience and construct their personal relationships with both male and female casual and regular partners;
13. Exploratory investigation of the differences between male and female clients, and the variations in behaviour and context that each group brings to its encounters with male sex workers;
14. Knowledge of the migration patterns of male sex workers and an understanding of the broader social, economic and seasonal influences that may impact the stability and/or transience of the industry, both geographically and across time;
15. Investigation of how patterns of male sex work vary across regions of the country, particularly understudied regions such as the Maritimes and the Prairies;
16. An understanding of how the knowledge and experience mature male sex workers bring to their activities may cause these to differ from the activities of younger sex workers;
17. Insight into how various recruitment strategies allow access to different populations of male sex workers, particularly those who do not work in a street environment;
18. Deeper insights into how the Criminal Code interferes with HIV prevention and education services for male sex workers, and constructive steps to begin to remedy this;
19. A process by which the moral frameworks that underlie much of the Canadian research on sex work are identified and analyzed to determine where they come from, how they function, and what steps could best be taken to overcome them;

and, perhaps most importantly,

20. A process that allows male sex workers to come together to discuss what it is *they* need from HIV and AIDS research, and how this research should approach them, their workplaces and their daily lives.

The achievement of a truer understanding of male sex work and HIV and AIDS in Canada, free of ignorance, stigma and discrimination, will entail a continuing reconsideration of how research approaches modern male prostitution.

25.

Conclusion

284. Peat, Marwick and Partners, *A National Population Study of Prostitution and Pornography*, Ottawa, Department of Justice, 1984.

285. Earls, C. M. and David, H., "Male and Female Prostitution: A Review," *Annals of Sex Research*, 1989, 2, p. 23.

286. Danny Cockerline, quoted in Brock, D., "Prostitutes are Scapegoats in the AIDS Panic," *Resources for Feminist Research*, 1985, 18, 2, p. 14.

287. Bastow, K., "Prostitution and HIV/AIDS," *Canadian HIV/AIDS Policy & Law Newsletter*, 2, 2, 1996, pp. 12-14, cited in de Bruyn, T., *HIV/AIDS and Discrimination: A Discussion Paper*, Joint Project on Legal and Ethical Issues Raised by HIV/AIDS, Montreal, Canadian HIV/AIDS Legal Network, and Ottawa, Canadian AIDS Society, 1998, p. 63.

The National Population Study on Prostitution (1984) found that 92% of Canadians agreed that prostitution will always exist no matter what is done.²⁸⁴

The time is past for moral, religious, or political arguments against prostitution. The reality of the present situation is that prostitution is becoming less and less important because of these concerns and increasingly important because of AIDS, i.e., what is important is not stamping out prostitution but modifying the sexual behaviour of clients and prostitutes to reduce the risk of spreading AIDS.²⁸⁵

In 1985 Danny Cockerline was quoted as saying that most people who become infected with HIV or other STDs "are getting it for free."

By blaming prostitutes for the transmission of AIDS among the heterosexual population, we forget that they are working women and men who attempt to maintain as much control over their working conditions, including hygiene, as possible. We ignore the fact that prostitutes, like non-prostitutes, don't want to contract an STD or AIDS.²⁸⁶

The 1998 document *HIV/AIDS and Discrimination: A Discussion Paper*, discussed the patterns of stigma and discrimination faced by sex workers in Canada.

The HIV epidemic has heightened and exposed the vulnerability of sex workers to discriminatory attitudes, attention and regulation. Sex workers have been characterized as *vectors of transmission*, a phrase that ignores the fact that many sex workers use condoms more consistently than other populations, that they frequently exercise more responsibility than their clients, and that they are generally at higher risk of infection from their clients than vice versa.²⁸⁷

Yet sex work has never been accepted in Canada. Nelson (1943), in one of the first published arguments regarding sex work and sexually transmitted diseases in Canada, wrote:

The only procedure which will prevent the spread of infection by prostitution is the active and constant and effective repression of prostitution, in whatever guise it may operate.²⁸⁸

Fifty-six years after Nelson's published argument, it is only appropriate that the last word go to Gerald Hannon, Canadian professor, writer and male sex worker:

The thing is we will always be here, and we will always be here because you will always need us. You need us because you need sex, at times, when it is not possible or convenient to get it from anybody else. So you can choose. You can choose to damage us with laws [and] you can choose to damage yourselves in the process, because hypocrisy always brutalizes. You can choose to damage your institutions, you can choose to damage the communities in which we live, or you can choose to accept. You can choose to work together with us for ... some kind ... of future. ... The choice is really up to you.²⁸⁹

288. Nelson, N. A., "Prostitution and Genito-Infectious Disease Control," *Canadian Journal of Public Health*, 1943, 34, 6, p. 257.

289. Hannon, G., *St. Lawrence Centre Forum. Prostitution – A Profession Like Any Other?* Discussion sponsored by the Canadian Organization for the Rights of Prostitutes, Toronto, October 29, 1996.

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- Allman, D. (1994) *Personal Classified Advertisements of Men Seeking Sex With Men: Trends in Representations of Risk Behaviour, 1980-1994*, paper presented to the Fourth Annual Canadian Conference on HIV/AIDS Research, Toronto, June.
- Allman, D. and Myers, T. (1998) *Examining the AIDS Knowledge, Experiences and Behaviours of Canadian Male Sex Workers*, paper presented to the Seventh Annual Canadian Conference on HIV/AIDS Research, Quebec City, April/May.
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