Many of you will ask yourselves, or perhaps each other, how, in this era of AIDS, of a deadly fatal disease, which we all know is not primarily a gay disease, how can such things as male prostitution exist? Should they not be stamped out by the forces of law and order which must dedicate themselves to eradicating such vice in our fair land?

Wallace [Win] Cummings, Hustling (Gilbert, 1986)

Unlike some deviant sub-populations which only began to be seriously scrutinized by researchers upon the advent of HIV, the study of sex work in Canada was well developed by the time HIV was identified. Though sex work as a social issue has been much discussed in Canadian academic, political and legal discourses over the last 20 years, there have been few attempts to understand the experiences of male sex workers. In this chapter we will describe findings from a recent review of male sex work and HIV/ AIDS in Canada. This review examined past and present understanding of male sex work in Canada, with an emphasis on issues relating to HIV and AIDS.

Much of the pertinent literature was obtained through university and reference libraries. Other useful sources were municipal, provincial and federal archives, community-based resource centres, government libraries, public health departments and sex workers’ alliances such as CORP (The Canadian Organization for the Rights of Prostitutes), Maggie’s (Toronto) and SWAV (Sex Workers Alliance of Vancouver). In addition, many past and ongoing HIV behavioural and epidemiological studies of young people and injecting drug users have collected data on male sex work in tandem with other factors, and many of these studies’ investigators have made their writings available to us.

While male and female sex workers share certain commonalities, there are many differences. To those who accuse us of marginalizing the female sex worker, we plead guilty—and intentionally so. We focus on male sex work because we believe that male sex work and HIV is not well understood in Canada, and that better understanding is needed. To study male sex work is not to belittle the experiences of female sex workers.

Those experiences have been and are being addressed in a number of initiatives. Rather, it is to reflect the facts that the risks faced by the two populations may not be the same and that different interventions may be needed.
Because our focus is on male sex workers, we have not included socio-behavioural, epidemiological or experiential data on transgendered sex workers. This largely follows the lead of Namaste (1995) who believes that regardless of anatomy, transgendered sex workers often do not self-identify as male, that many of the issues as they relate to HIV and AIDS are distinct, and thus that the two populations should be considered separately. Finally, while many in Canada argue for a two-tier system of sex work law and policy—one that pertains to younger sex workers and another for adult sex workers—this chapter will consider both together, except where the division is warranted by specific research findings.

**Canadian Prostitution Laws**

Even though the United Nations passed a resolution in 1958 that prostitution should not be treated as a criminal act, Canada has always taken a criminalized approach to its control (Lowman, 1991; Achilles, 1995). Whereas in Canada prostitution is legal, many of the activities which may be associated with or related to sex work are considered illegal by the Criminal Code. These include communicating in a public place for the purpose of engaging in prostitution, keeping or being an intimate, providing directions, taking or showing someone to a common bawdy house, procuring or assisting or obtaining a person for sexual services on behalf of a third party, and living on the avails or benefiting from the prostitution of another person. One of the pitfalls of Canadian prostitution law is that, since the federal government has exclusive power over criminal matters, neither provinces nor municipalities are able to regulate sex work in any way other than that set down in the Criminal Code (Achilles, 1995).

**Sex Work Research in Canada**

The genesis of Canadian male sex work research can be traced to 1977 and the discovery of the body of 12-year-old shoeshine boy Emanuel Jaques behind Charlie’s Angels bodyrub parlour (Moyer and Carrington, 1989). At that time the Canadian media speculated whether or not he had been a sex worker. Concurrently in Vancouver, the police estimated there were about 200 male sex workers on the city’s downtown streets (Forbes, 1977; Lowman, 1986). Some three years later, then federal Justice Minister, the honourable Jean Chrétien declined a tour of the area, remarking ‘that he only had to look out his hotel room to see prostitutes’ (Vancouver Sun, 1980, p. 7).

In the early 1980s, the federal government funded two large-scale research initiatives: the Committee on Sexual Offenses against Children and Youth, known as the Badgley Committee (1984); and the Special Committee on Pornography and Prostitution, known as the Fraser Committee (1985). Combined, these two studies interviewed 501 sex workers, 131 of whom were male (Lowman, 1987). As we shall see, these studies provide us with a baseline for much of our current understanding of male sex work and HIV/AIDS in Canada.

In overviewing the theoretical approaches that Canadians have applied to the study and understanding of sex work, it is important to recognize that this literature has largely attempted to describe female sex workers and their male clients. Lowman (1991) argues that no one theoretical perspective on sex work is distinctively Canadian. He believes that for the most part, the Badgley Committee worked from a social-psychological perspective which gave little
specific attention to the role of the family. The Fraser Committee, on the other hand, ‘developed a political economy of prostitution informed by a feminist analysis of patriarchal social relations’, stressing inequalities in job opportunities and earning power as well as sexual socialization (Lowman, 1991, pp. 126-7). It is arguable that neither a social psychological perspective nor a political economy approach apply unproblematically to the study of male sex work, where special issues such as sexual orientation and community affiliation may come into play. Alternatively, dominant perspectives that have generally been used to theorize Canadian sex work need to be redefined or reapplied to consider the experiences specific to men and to women (Lowman, 1991).

In 1898, Stafford, writing in the Canadian Journal of Medicine and Surgery, defined both female prostitution and male same-gender sex as ‘perversions’ (cited in Kinsman, 1994). To some extent such practices, together with same-gender sex work, continue to be understood not simply as deviant, but as perverse. Kinsman (1994) believes that because male sex work is considered to be a sexual problem or perversion as opposed to an occupation or consensual sexual expression, we need to ask

Who is defining sexual problems? Who is being defined? Whom are the definers silencing or opposing? 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. (Kinsman, 1994, p. 166)

The dialectic which Kinsman extols has often been the vantage point from which many of Canada’s sex worker coalitions and alliances have approached the legal inconsistencies, which some have suggested make sex work, especially male sex work, a more unsafe occupation than it necessarily need be.

**Canadian Male Sex Workers—Who are they**

It is extremely difficult to estimate the size of the Canadian sex work industry. It is perhaps even more difficult to estimate the size of the male sex work industry. Definitions of male sex work vary, sex work is subject to personal shifts, and male sex workers in particular may drop in and out of the industry (Shaver, 1996). It is also hard to estimate the number of escorts and masseurs, as the individuals concerned may change names, addresses, and telephone numbers to avoid contact with police (International Conference on Prostitution and Other Sex Work, 1996).

Field studies conducted for the Federal Justice Department in the late 1980s showed that from 10 to 33 per cent of street sex workers in a number of large Canadian cities were men—10 per cent in Vancouver, 18 per cent in Calgary, 20 per cent in Montreal, 25 per cent in Toronto and 33 per cent in Halifax (Moyer and Carrington, 1989). The Fraser Committee estimated that 25 per cent of sex workers in Canada were male. In the early 1990s it was estimated that in Toronto there were approximately 200 male workers working indoors and 150 male sex workers working on the street (Prostitutes’ Safe Sex Project, 1991). It has been estimated that in Canada, men and women under 18 years of age represent between 10 to 12 per cent of individuals involved in sex work (Task Force on Children Involved in Prostitution, 1997).
How Canadian Male and Female Sex Workers Differ

There is consensus in Canadian sex work research that the careers of female sex workers tend to be longer than those of males (Lowman, 1992). ‘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’ (Fraser Committee, 1985, p. 372). It is not surprising, then, that most studies show male sex workers to be younger than females (Sansfaçon, 1985; Earls and David, 1990; Lowman, 1992).

There is controversy concerning the earnings of male sex workers. The Fraser Committee (1985) found, for example, that male sex workers can earn higher incomes because the prices they charge are higher than those of females, and pimping of male sex workers is virtually non-existent. Sansfaçon (1985) also reported that male sex workers earned more than their female counterparts. Shaver (1993), on the other hand, reported that the male sex workers earned much less than their female counterparts—between 600 and 800 dollars a week, compared to 1800 to 2000 dollars a week for females. She notes that ‘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’ (Shaver, 1993, p. 167).

Earls and David (1990) reported that male sex workers in their study had been involved in sex work for an average of 5.1 years. Maggie’s, The Toronto Prostitutes’ Community Service Project (1994), in their study of sex workers in Toronto, found that for males, the average length of time spent in sex work was 5.2 years.

While the risks involving HIV and AIDS may be higher for male sex workers and their clients than for female sex workers, statistics regarding other forms of risk, specifically violent events, show that it is female sex workers who face the greatest dangers. For example, Statistics Canada (1997) notes that between 1991 and 1995, 63 known sex workers were murdered. Of these, only three—or less than 5 per cent—were male. The latter are also much less likely to be charged or convicted of a prostitution-related offence (Fraser Committee, 1985; Fleischman, 1989; Lowman, 1990; Gemme and Payment, 1992; Shaver, 1994; Achilles, 1995). Male sex workers are less likely to report rape, assault, or robbery, although when male sex workers are confronted with violence, it is often related in some way to homophobia (Lowman, 1992).

Male Sex Work and HIV/AIDS in Canada

The AIDS Case Reporting and Surveillance System was created by the Department of National Health and Welfare (now Health Canada) in February 1982. By the end of December 1997, 15,528 AIDS cases had been diagnosed, with 14,324 or 92.2 per cent of all cases involving adult males (Health Canada, 1998). In Canada, sex work is not a risk or demographic category that is recorded as a possible factor in terms of HIV testing or AIDS reporting and surveillance (Achilles, 1995).
Much data on male sex workers therefore derives from other sources, in particular, information on young people and injecting drug users. These two groups were identified early in the epidemic as at risk populations, and much of the information we have been able to gather has derived from studies of them. Though some studies exist which include male sex workers of all ages, they are very much in a minority.

Haug and Cini (1984) found that young men aged 20 to 24 made a significant contribution to the spread of gonorrhea, while at the same time being less informed than other age cohorts. Earls and David (1989) report on 108 Canadian males recruited from several areas of a major eastern Canadian city, 55 who claimed they were actively involved in sex work, and 53 who had never had any direct experience with sex work. They found that 42 per cent of the sex workers indicated that they had ever had an STD. Ninety-two per cent of the male sex workers reported that they sought medical check-ups on a regular basis. These same authors also found that 96 per cent of their male sex worker sample were aware of the existence of AIDS, and 58 per cent indicated that they had changed their sexual practices as a result of AIDS. Bastow (1996) found that among Toronto male sex workers, ‘the most common sexual activity engaged in was oral sex’. The second most common was anal intercourse, ‘with the sex worker giving rather than getting’ (Bastow, 1996, p. 12).

Shaver and Newmeyer (1996), comparing data from 40 male sex workers collected in 1991 with comparable data from the 1991-92 Montreal site of the National Men’s Survey (Myers et al., 1993) and the 1991-92 Quebec study, Entre Hommes (Godin et al., 1993), found that male sex workers were more likely to have been tested for HIV than men who have sex with men recruited through gay identified venues (88 per cent compared to 61 per cent and 68 per cent) and less likely to report a seropositive result (0 per cent compared to 11 per cent and 21 per cent). Seventy-one per cent of male sex workers used condoms most or all of the time for oral sex with clients, and 45 per cent for oral sex with partners. Ninety-two per cent used condoms most or all of the time for anal sex with clients (less than 25 per cent of males provided this service), and 71 per cent with partners.¹ Male sex workers in the study spent an average of 40 minutes with each client with a mean number of 15 clients a week (Shaver, 1996).

Shaver also found that male sex workers were cautious with respect to risks related to HIV and other STDs, reporting an average of 0.77 episodes of STD over the last two years. However, 63 per cent reported no episodes in the last two years. Shaver suggests this may indicate ‘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’ (Shaver, 1996, pp. 51-2).

Shaver and Newmeyer (1996) found that among male sex workers, consistency of condom use increased with the riskiness of sexual activity. Male sex workers were much less likely to engage in high risk activities with clients than they were with their primary partners, and were more likely to use condoms with clients, regardless of the sexual activity, than they were with their primary partners. With regard to both sexual practices and risk taking behaviour, sex workers’ behaviour with partners seems to be more similar to that of gay and bisexual men in general 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. Higher levels of condom use and the limitation of sexual practices with clients may well serve to differentiate work-sex
from personal-sex. Clients are business—one does not have to enjoy sexual relations with them, or even see the encounter as being other than a cash for service transaction (Shaver and Newmeyer, 1996, pp. 13-14).

**HIV/AIDS and the Younger Male Sex Worker**

Younger male sex workers have been the subject of interest in some early Canadian research initiatives, from the work of the Badgley Committee (1984) through to the work of Visano (1987, 1991). Highcrest (1997) points to the need to differentiate between younger sex workers whose occupation is prostitution, and youth who participate in ‘survival sex’. The educational and social service needs of these two groups are distinct. Sex workers may be more informed than youth participating in sex as a means of survival; for the latter, AIDS may be a relatively low level concern (Tremble, 1993).

The Badgley Committee (1984) found that 52 per cent of their male respondents indicated that they had contracted an STD, a sex-related disease or another condition since they began to actively participate in sex work. Eighty-four per cent of these had sought treatment. In addition, 66 per cent of males indicated that they had regular medical check-ups, regardless of suspected STD infection. The Committee reported that 64 per cent of males indicated that active fellatio was the most requested act, while 12 per cent reported that passive fellatio was the most requested act. Approximately 5 per cent stated that anal sex was most frequently requested and another 12 per cent said that a ‘straight lay’ was the most frequently requested act. In terms of the sexual acts that they were unwilling to perform, 43 per cent indicated that they would not receive anal sex. When engaged in sexual activities with clients, 12 per cent indicated that they usually used some form of protection. Eighteen per cent used condoms for oral sex, and 19 per cent for anal sex. The Committee notes: ‘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’ (Badgley Committee, 1984, p. 1023).

Read et al., (1993) report that 11 per cent of their sample of street youth who had ever sold sex were HIV positive. Ten (67 per cent of 15) youths testing HIV positive reported that they had engaged in same-gender sex work in the previous six months. Seven of those same 10 reported having had no anal sex with clients. The three who reported anal sex with clients all reported consistent condom use. It was with their regular partners that these three reported sometimes engaging in unprotected anal sex. These same authors found that males were more likely to always use condoms with female clients (68 per cent) than with male clients (54 per cent). Ten per cent of male sex workers reported that they engaged in unprotected anal sex, at least occasionally, with clients. Nearly one-third of male sex workers reported 26 or more clients per month, and 38 per cent of males involved in same-gender sex work reported practicing anal sex.

Data from the Canada Youth and AIDS Study indicate that 14 per cent of 712 street youth recruited were reported sex workers with a male/female ratio of 0.8:1 (MacDonald et al., 1994). Forty-five per cent of male sex workers reported having had an STD. Among these male sex workers, 63 per cent had engaged in anal intercourse. Regular condom use was associated
with a lower reported STD history (36 per cent) than for those who inconsistently used condoms (61 per cent). The authors found that 52 per cent of male sex workers reported over 100 different sexual partners. In addition, 69 per cent of male sex workers reported worrying about AIDS, 60 per cent reported having engaged in anal intercourse, and 55 per cent reported that they always used a condom. More recently, Roy et al. (1996) have reported that six of 122 male street youth interviewed who had sex with men were HIV seropositive. All had a history of sex work and five had also injected drugs.

**Injecting Drug Users, Male Sex Work and HIV/AIDS in Canada**

Millson et al. (1991) reported that among male sex workers with same-sex clients, 61 per cent reported always using a condom compared to 15 per cent reporting that they never did so. Of males with female clients, 34 per cent reported always used a condom, while 51 per cent had never used a condom in the last six months. At the 1994 national meeting on HIV infection in injecting drug users in Canada (Laboratory Centre for Disease Control, 1994), Millson et al. (1994) reported on a series of repeated cross-sectional surveys of injecting drug users entering drug treatment. In 1991-92 4.0 per cent of 372 male injecting drug users reported same-sex clients in the previous six months, compared with 3.4 per cent of 380 in 1992-93, and 9.2 per cent of 414 in 1993-94. Of male injecting drug users reporting an involvement in sex work, approximately half indicated that they always used condoms with female clients (vaginal sex only), while 21.7 per cent, 12.5 per cent and 22.2 per cent, during these three periods respectively, reported that they never used condoms. For same-sex clients (and in relation to anal sex only), 40 per cent, 66.7 per cent and 76.5 per cent reported that they always used condoms (for the years 1991-92, 1992-93, and 1993-94 respectively) while 10 per cent, 0 per cent and 11.8 per cent respectively indicated that they never used condoms with male clients (Millson et al., 1994).

Rekart (1993) reports on a study conducted between 1988 and 1992 of street-involved persons. HIV prevalence over five years for the entire sample (n = 825) was 6.4 per cent. The author notes that sex between men was an important risk factor. Dufour et al. (1995) report that 12.2 per cent of 41 male prison inmates who had engaged in sex work were HIV positive. They note that all of the HIV positive individuals were also injecting drug users. Lamothe et al. (1996), reporting on a study of 694 injecting drug users receiving treatment and 213 injecting drug users not receiving treatment, found that HIV seroprevalence for sex workers/injecting drug users not receiving treatment was higher than that of sex workers/injecting drug users under treatment. The seroprevalence of male sex workers/injecting drug users was also found to be higher than that of female sex workers/injecting drug users.

Baskerville, Leonard and Hotz (1994) have described an evaluation of a needle exchange programme in which 34 per cent of male injecting drug use survey respondents (which included both attenders and non-attenders of the needle exchange clinic) indicated that in the last three months they had had sex with male clients for either money, goods or drugs. Ninety-six per cent reported oral sex with a same-sex client in the three months prior to the study, while 46 per cent of men with same-sex clients reported insertive or receptive anal intercourse. Seventy-two per cent of the respondents reporting anal sex with a client in the previous three months had always used a condom, while 29 per cent reported never using a condom for anal sex with a client.
Parent et al. (1994) report that among 212 male injecting drug users in their Quebec City study, HIV prevalence was 28.6 per 100 for the injecting drug users who were also male sex workers, and 9.7 per 100 for injecting drug users who did not report male sex work.

Bisexual Men, Male Sex Work and HIV/AIDS

In 1996 we conducted the BISEX Survey, involving 1314 anonymous interviews with behaviourally bisexual men (defined as having had sex with a man and a woman in the previous five years) across the province of Ontario (Myers et al., 1997). Men were recruited through extensive advertising in mainstream, community and alternative sources. Interviews were carried out by way of a toll-free telephone line. Respondents provided information on the sexual activities of their last safe and unsafe sexual encounters with male and female ‘casual’ and regular partners. In total, 20 men reported that their last casual male partner had been met through sex work.²

For these 20 men, the mean age was 35.9 with a range from 19 to 51. All self-identified as bisexual. Of these men, 26 per cent were married and 58 per cent were single. Six per cent reported unprotected receptive or insertive anal intercourse in the previous year with men only, 47 per cent reported unprotected vaginal or anal intercourse in the previous year with women only, 23.5 per cent reported unprotected vaginal and/or anal intercourse with both men and women, and 23.5 per cent reported only protected vaginal and/or anal intercourse with both men and women.

Twenty-seven percent of these men had ever been tested for antibodies to HIV. None reported that they were HIV seropositive. When asked what they thought their current HIV status was, all men reported that they believed that they were HIV seronegative. Men were asked how likely they thought it was that they would become infected with HIV. Twenty per cent believed it was likely and 73 per cent believed that it was unlikely.

Hidden Male Sex Work

In Canada, public concern regarding sex work is generally limited to the visible manifestations of street work, and ‘all legislative attempts to control prostitution in the last 15 years have targeted only street prostitution’ (Achilles, 1995, p. 1). The Bureau of Municipal Research (1983) found that only 20 per cent of all sex work was visible or on the streets of Toronto, and as little as 5 per cent in the winter. The Federal Provincial Territorial Working Group on Prostitution (1995a, 1995b) reported that in some of Canada’s smaller cities, nearly all sex work activity occurs in off-street venues such as escort agencies, and that along Canada’s coasts, there are reports of boats being used as sites for sex work. One of the results of such ‘hidden’ sex work is that some law enforcement agencies report no knowledge of sex work in their jurisdictions. Even in the larger Canadian cities where hidden sex work is somewhat more visible, HIV and AIDS outreach has reported difficulties accessing sex workers in these venues. Jackson, Highcrest and Coates (1992) found that, for example,
Outreach workers have indicated that some brothel agencies in Toronto maintain a strict control over interactions between prostitutes from their community and other prostitutes. It is believed that some agencies and brothels tend to be more interested in profit making than the health of the prostitutes, and that some brothel owners demand that prostitutes follow clients’ wishes for sexual intercourse without the use of condoms. (Jackson, Highcrest and Coates, 1992, p. 283)

In a 1995 needs assessment involving Asian sex workers, two male respondents discussed their experiences working in a massage parlour:

The issue of condoms on the premise could be improved. Owners have asked their workers not to have condoms with them for fear of legal incrimination… that some workers do practice unsafe sex in exchange for higher monetary return. Some workers do go against their employer’s request of not having condoms by hiding the condoms on them during their shift. At times clients do bring their own condoms with them. (Wong, 1995, pp. 17-18)

From a legal perspective, there is a tendency to ‘to lump prostitutes in with strippers, porn film performers, phone sex mates and performance artists’, even though ‘a porn performer cannot be charged with soliciting, a phone sex mate cannot be charged with keeping a brothel, a stripper cannot be charged with pimping. The work is not the same, the repercussions of the work are not the same, we are not all the same’ (Highcrest and Maki, 1992, p. 4). Yet from a public health perspective, we have little understanding as to whether the risks associated with hidden sex work are similar to those with visible sex work. This is because little is known about the range of sexual behaviours and condom use, or the level of AIDS knowledge and beliefs, of either hidden male sex workers or their clients.

**Sexual Identities**

Thirty-seven per cent of respondents cited by the Badgley Committee (1984) were male. Of these, 23 per cent reported that they were heterosexual, 31 per cent homosexual and 31 per cent bisexual. An additional seven male sex workers indicated that they were undecided about their sexuality. Earls and David (1990) found that 64 per cent of male sex workers indicated that their first sexual partner had been another man, and 70 per cent indicated that their sexual orientation was either homosexual (52 per cent) or bisexual (18 percent). Comparing a Montreal sample of male sex workers to other samples of men who have sex with men, Shaver and Newmeyer (1996) found that the sex workers were more ‘diverse with respect to sexual identity: only 50 per cent (in contrast to 89 per cent and 81 per cent of the respondents in the gay men’s studies) identified as homosexual, or gay. Significantly higher proportions of the hustlers identified as bisexual or heterosexual (ibid., p. 9).

Many Canadian studies have found that younger men who self-identify as homosexual may be more prone to enter sex work than those who self-identify as heterosexual or bisexual. One well documented reason is that younger gay men may be drawn to the street as a means of discovering or exploring aspects of their sexuality (Badgley Committee, 1984; Mathews, 1986;

There is continued debate as to the influence of sexual coercion, threat or force on subsequent involvement in male sex work and/or engagement in behaviours with an increased risk for HIV. Current research, notably the Vanguard Study in Vancouver, may attempt to elaborate a possible three-way association. At the time of this writing, however, no reasonable data exist to illustrate associations between reported sexual coercion, involvement in sex work and an increased risk for HIV infection. The Badgley Committee (1984) stated that the proportion of younger male sex workers who reported sexual abuse was similar to the proportion reported by males in the general Canadian population.

**HIV/AIDS Outreach**

While many Canadian researchers have been slow to incorporate issues of HIV and AIDS into their investigations of male sex work, sex worker outreach groups have been proactive and vocal.

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. (STELLA, 1996)

One of the messages promoted 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. (Sex Workers Alliance of Vancouver, 1997).

Commenting on Toronto’s Safe Sex Project for prostitutes (initiated by the Canadian Organization for the Rights of Prostitutes [CORP]), Danny Cockerline had this to say:

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 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. (cited in Brock, 1985, p. 16)

Also in Toronto, Street Outreach Services (SOS) have been working to serve the needs of street youth involved in, or at risk of becoming involved in, sex work since 1985. Among the services offered are HIV/AIDS education initiatives. In 1994-95, a peer education workshop,
safer sex toy workshops, helped client groups to develop educational materials, pre- and post-test HIV counselling, and condom distribution. Between October 1994 and March 1995, 477 different young people accessed the SOS drop-in on a total of 3578 occasions. Seventy-five per cent of these visits were by males.

In Winnipeg, the Village Clinic’s Street Outreach Project is mandated by a strategy that allows 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’ (Linnebach and Schellenberg, 1996, p. 11). This project incorporates harm reduction, and provides basic health services including condoms, health information and service referrals to male sex workers in a non-judgmental manner.

Through the Commercial Sex Information Service (CSIS) of the Sex Workers Alliance of Vancouver, Canadian sex workers and their clients can access information using the Internet on a variety of issues affecting sex workers, including health concerns surrounding HIV and AIDS. Walnet, which houses the CSIS and SWAV Web sites, was first set up in December 1995. During the 15 months between then and March 1997, Walnet served up 246094 pages. In February 1996, Walnet served up 13 382 pages. A year later, in February 1997, Walnet served 30 906 pages, which represents a growth of 231 per cent.

**Hypocrisy and Canadian Male Sex Work**

The first major sweep to try to combat male sex work in Toronto’s homosexual track³ occurred in June 1987 by a 14-member undercover squad. Twenty-three men were arrested.

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.

(Toronto Star, 1987)

Throughout the 1990s, Canada’s media have continued to feed stereotypes of the male sex worker as an AIDS vector. A blatant example is an opinion piece in the Vancouver Province concerning the ability to curb the irresponsible behaviour of sex workers and their clients. Though reporting on an HIV positive female sex worker and the repercussions that behaviours attributed to her might have on her clients and on society, the article, titled ‘A Deadly Dilemma’, is illustrated by a quarter-page photograph of two male sex workers and the caption ‘Male prostitutes wait for customers...difficult issues for health officials’ (Vancouver Province, 1990, p. 52).

After years of targeting sex workers, law enforcement agents in Toronto, Calgary and Ottawa have recently begun to target customers and clients through a programme called John School. Modelled on a San Francisco based initiative, John School provides an opportunity for the clients of sex workers to avoid prosecution for ‘communicating for the purpose of prostitution in a public place’. Instead, they are fined $500, and made to attend a full day of lectures (Sex Workers Alliance of Vancouver, 1997).
Alternatives to Canada’s current criminalization of prostitution-related offences include decriminalization or regulation (legalization). However, no country, city or jurisdiction in the world has ever adopted a decriminalization approach to sex work (International Conference on Prostitution and other Sex Work, 1996). The most frequently recommended approach in Canada is regulation or legalization, whereby sex work would be allowed in certain forms through either zoning or licensing. This was the recommendation of the federally appointed Fraser Committee (1985), although the recommendation was in fact never adopted. Debates about criminalization/decriminalization/regulation are volatile and current. Bastow (1996) has argued that the criminalization of sex work allows little leverage for sex workers to insist on condom use with their customers, and may in fact increase the chances of HIV transmission. For Highcrest and Maki (1992, p. 3) one of ‘the biggest barriers to prostitutes accessing AIDS prevention information is the criminalization of our work’.

Associated with debates about legalization, decriminalization and licensing, is the forced or mandatory medical examination of male sex workers, including HIV antibody testing. In 1984, 69 per cent of Canadians agreed with the statement ‘prostitution is a major cause of the spread of venereal disease’, and 82 per cent agreed that one of the roles of government in adult prostitution was to ‘require prostitutes to have medical examinations’ (Peat, Marwick and Partners, 1984). However, the National Advisory Committee on AIDS in 1989 ‘concluded 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’ (cited in Jürgens and Palles, 1997, p. 174).

In their report on HIV antibody testing and confidentiality, Jürgens and Palles make reference to a document of the Ontario Law Reform Commission who state that it is not clear whether the mandatory testing of sex workers would deter high risk sexual behaviour. The commission concluded:

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. (cited in Jürgens and Palles, 1997, p. 179)

Calgary Alderperson Beverly Longstaff has suggested that the mandatory testing of sex workers 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. (Longstaff, 1993, pp. 5-6)
By conceiving of male sex work as an occupation, in which the risk of HIV and AIDS is little more than one of a number of occupational hazards, it may be possible for law enforcement and policy-makers to turn from current tactics towards occupational safety and the promotion of healthy sexuality. However, despite evidence which does not support the ‘exaggerated link between male sex work and HIV/AIDS, policies directed at the sanitary policing of prostitutes are still evident today’ (Shaver, 1996, p. 42).

Conclusions

In 1985 the Fraser Committee issued the statement, ‘Prostitutes are very aware of the dangers of sexually transmitted diseases (STDs) and the reputation prostitutes have for the spread of such diseases’. It then went on to qualify this statement by noting that ‘this reputation is unsubstantiated by epidemiological researchers’ (Fraser Committee, 1985, p. 384).

Reviewing the behavioural and epidemiological data set out earlier in this chapter, it is clear that any consensus on male sex work and the risk of HIV infection and transmission in Canada is going to be hard to achieve. Studies have inquired into the experiences of male sex workers with STDs, health care utilization, injecting drug use, HIV testing, HIV/AIDS knowledge, attitudes and beliefs, sexual behaviour with clients and with partners, and, occasionally, HIV status. Overall there is little consistency in terms of measurement or sampling. However, the majority of studies have included questions on the use of condoms, and it is this measure that is most likely to allow any estimate of the risk of HIV infection in male sex work in Canada today.

The Badgley Committee (1984) reported that 18 per cent of male sex workers used condoms for oral sex, and 19 per cent for anal sex. Read et al. (1993) reported that 54 per cent of their sample always used condoms with male clients, and 68 per cent with female clients. MacDonald et al. (1994) found that 55 per cent of male sex workers always used condoms. Baskerville, Leonard and Hotz (1994) report that 72 per cent of their sample had always used a condom for anal sex with a client in the previous three months. Millson et al. (1994) report that condoms were always used for anal sex with male clients by 40 per cent of their sample, and by 34 per cent with female clients. They also report that condoms were always used for anal sex with male clients by 40 per cent, by 67 per cent and by 77 per cent in 1991-92, 1992-93 and 1993-94. For vaginal sex with female clients, condoms were reportedly used all the time by approximately 50 per cent of respondents in each of the three time periods. Finally, Shaver and Newmeyer (1996) report that 71 per cent of male sex workers used condoms most or all of the time for oral sex with clients, 45 per cent for oral sex with partners, 92 per cent for anal sex with clients, and 71 per cent with partners. The authors found that these figures were comparable to those for temporally and geographically similar samples of men who have sex with men. In a 1985 research review on sex work in Canada, Sansfaçon stated that only 30 to 40 per cent of male sex workers used condoms. Our findings suggest that this figure no longer applies. Taken together, our review of findings on reported condom use do suggest a trend towards greater use over time: that Canadian male sex workers are increasingly protecting themselves and their clients from infection and transmission of HIV and other STDs.
Although prostitutes do contract STDs, the public’s strongly held belief (held by 69 per cent of the survey respondents) 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. (Fraser Committee, 1985, p. 395)

Arriving at a more accurate understanding of the relationship between male sex work and HIV/AIDS in Canada will clearly require further work as well as the realization that, for all we know, there is at least as much that we have missed. Much of what we know in terms of male sex work and HIV and AIDS predates current social, behavioural and epidemiological measures of sexuality and its expression. With few exceptions, most samples of male sex workers have been subsamples of other larger populations, or have been small in size. Rarely have the same methods and measurements for the study of male sex work been utilized in cities of different sizes across the country. There are little longitudinal data on male sex work, and even less multi-site data. We know virtually nothing of male sex work other than visible street prostitution. The exchange of sex for goods other than money has, to our knowledge, never been studied in Canada, and at present we have little insight into the behaviours, attitudes and beliefs of either clients or partners of male sex workers and how these relate to HIV and AIDS. We lack a solid understanding of how male sex workers who are also injecting drug users differ from male sex workers who are not injecting drug users. Possible associations between reported sexual coercion, involvement in sex work and an increased risk for HIV infection should be further explored, and we need to better understand the relationship between sexual identity, social environment, internal and external homophobia and the experiences of younger male sex workers.

Often, when male sex work has been investigated in Canada, it has been conceptualized as a social problem rather than a social fact. It is vital to recognize that in Canada male sex work is a social fact. Regardless of morality, politics or the law, male sex work exists today and will continue into the future. This being the case, are we not obliged to help make certain that for the individuals that male sex work involves, their future is a safe and healthy one? Sex in exchange for money or kind need not be unsafe nor dangerous, as Danny Cockerline has observed: ‘Most people who become infected with HIV are getting it for free’ (cited in Brock, 1985, p. 14).

Only a small portion of the rich literature on sex work in Canada is included in this chapter. Yet the historical literature tells us that sex work, like the railroad, followed Canada’s history of colonization and settlement. In essence, sex work is a founding occupation, an occupation that crosses our past, present and future histories, and an occupation whose public façade continues to be built upon hypocrisy.

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. 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…the choice is really up to you. (Hannon, 1996)

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Notes

1. Twenty-five per cent of the sample were transgendered sex workers who self-identified as gay.
2. The question did not differentiate between the role of the respondent as either a sex worker or a client.
3. The track or a track is a geographic location, usually a street that is known for sex work.

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