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Differences in substance use, sexual behavior, and demographic factors by level of "outness" to friends and family about being a male-for-male escort

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Being "out" to friends and family about being a male-for-male escort: Substance use, sexual behavior, and demographic differences

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ABSTRACT

Male sex work (i.e., escorting) is a stigmatized profession and men in the sex industry may hide their involvement to avoid negative social consequences. There is limited research comparing men who are out about being an escort to their friends and/or family with those out to neither friends nor family. Data were taken from a 2013 online study of male escorts who were categorized into three groups based on outness patterns—*friends only* (48.9%, $n = 193$), *friends and family* (26.6%, $n = 105$), or *neither friends nor family* (23.5%, $n = 93$)—and compared on demographic and behavioral variables. We hypothesized that men out to *neither friends nor family* would perform poorer across indicators of health and wellbeing due to the lack of social support that can come from friends and family. However, with the exception of reporting lower satisfaction and pay from their last male client, this hypothesis was unsupported. Outness patterns were largely unassociated with social and sexual behaviors with the last male client, and the majority eschewed condomless anal sex with their last male client, suggesting escorts—regardless of how out they are to friends and family—could navigate safer sex behaviors with their clients. Outness was associated with substance use (< 12 months) and substance use with their last male client—men out to *friends and family* were, for the most part, the most likely to have used substances. Men out to *friends and family* were significantly more likely than others to have been escorting for greater than five years as well as escorting full-time. Interventions for

escorts that address substance use and sexual risk behaviors that incorporate supportive friend

and family social networks may be an important area for future research.

KEYWORDS: Escorting; sex work; men who have sex with men; disclosure; social support;

sexual behavior; drug and alcohol use.

INTRODUCTION

Although much of the available literature on sex work is based on female sex workers, studies have suggested that male-for-male (M4M) sex work is common. A population-based study in Australia found that 0.9% of men had ever been paid for sex, compared to 0.5% of women, and two-thirds of these men reported having ever been paid for sex by other men (Rissel, Richters, Grulich, Visser, & Smith, 2003). Evidence suggests that rates of M4M sex work are higher among urban gay and bisexual men. For example, a study of men living in New York City found that 36.9% reported having ever been paid for sex (Koken, Parsons, Severino, & Bimbi, 2005).

Studies of female sex workers suggest that these women experience discrimination and stigma resulting from the intersection of sexism-based discrimination for being female and stigma for working in the sex industry (e.g., HIV-related stigma; Logie, James, Tharao, & Loutfy, 2011). Male sex workers, specifically escorts, may also experience compounding stigma associated with being paid for sex (Bimbi, 2007; Koken, Bimbi, Parsons, & Halkitis, 2004; Vanwesenbeeck, 2001) and having sex with men (Hatzenbuehler, 2014; Herek, 2009b). Concealment of identity as a male escort may be a strategy to shield oneself from the stigma of M4M sex work and associated negative consequences but also serves to restrict social interactions and potential benefits provided by social networks (Herek, 2009a). Male sex workers are at increased risk of negative health outcomes, and social support may buffer these men from the adverse consequences of M4M sex work. Yet little is known about how concealing involvement in male sex work affects male escorts and how men who conceal their sex work compare to others with varying degrees of outness on behavioral and health outcomes.

Compared to individuals with non-concealable stigmas (e.g., stigmatized racial minorities), those with concealable stigmas face unique challenges in social interactions and interpersonal relationships (Pachankis, 2007; Ragins, 2008). Individuals with concealable stigmas face the stress of having to decide whether to hide or disclose their stigmatized identity, and this decision must be made repeatedly with people who are unaware of their stigmatized status (i.e., existing relationships where disclosure has not been made, new relationships). A body of literature has examined distress associated with concealable stigmas such as having a history with abortion (Major & Gramzow, 1999), mental illness (Quinn, Kahng, & Crocker, 2004), HIV (Harvey & Wenzel, 2002; Parsons, VanOra, Missildine, Purcell, & Gómez, 2004), and sexual minority identity (D'Augelli & Grossman, 2001; Frost, Parsons, & Nanín, 2007; Legate, Ryan, & Weinstein, 2011; Ragins, Singh, & Cornwell, 2007).

Several models have been proposed to describe the process of disclosing a stigmatized identity (e.g., Chaudoir & Fisher, 2010; Pachankis, 2007; Ragins, 2008), including antecedent cognitions, the content of the disclosure, and the impact on psychological and behavioral outcomes. This process involves weighing the potential risks and benefits of concealment against the potential risks and benefits of disclosure. Concealment may allow the individual to benefit from maintaining control of the stigmatizing information, potentially warding off negative reactions (Meyer, 2003). However, several studies have documented the psychosocial impact of concealment, including social isolation, negative self-regard, and hypervigilance around being discovered (Herek & Garnets, 2007; Pachankis, 2007; Pachankis & Goldfried, 2006), as well as negative impacts on physical health (Cole, Kemeny, & Taylor, 1997; Cole, Kemeny, Taylor, & Visscher, 1996). Alternatively, disclosure may offer a range of potential benefits, including increased access to supportive social networks and services, increased self-acceptance, and

reduced vigilance surrounding discovery (Clair, Beatty, & MacLean, 2005; Corrigan & Matthews, 2003; Meyer, 2003; Pennebaker, 1995). However, disclosure could potentially expose the individual to rejection, discrimination, harassment, and victimization experienced by the stigmatized group (Herek, 2000). Little attention has been given to the impact of outness on wellbeing among male escorts, but a substantial body of research has examined this association with regard to *sexual identity* among gay and bisexual men and can inform our understanding of the impact outness may have on male escorts.

For gay and bisexual men, perceived stigma surrounding non-heterosexuality plays an important role in the decision to disclose having a sexual minority identity. We know from the literature on the coming out process that disclosure of being gay or bisexual can be challenging (e.g., potential social rejection, increased risk of harassment, victimization, and discrimination; D'Augelli & Grossman, 2001; D'Augelli, Hershberger, & Pilkington, 1998; Herek & Garnets, 2007; Ragins & Cornwell, 2001). A study by D'Augelli & Grossman (2001) found that lesbian, gay, and bisexual individuals who were more open about their sexual orientation experienced increased verbal and physical harassment, with men being more likely to have experienced physical attacks. However, disclosure of a gay or bisexual identity can be rewarding and is generally viewed as a beneficial process for sexual minorities (Dane & MacDonald, 2009). Evidence suggests disclosure is associated with increased self-acceptance and helps facilitate the development of a positive and stable identity (Cain, 1991; Ragins, 2004; Wells & Kline, 1987). Additionally, coming out as gay or bisexual reduces distress associated with pretending to be heterosexual (Meyer, 2003; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001) and can improve social support (Kadushin, 2000) and mood (Legate et al., 2011). Although there are similarities between the associations of outness and wellbeing for sexual minorities and male escorts, the

association for male escorts may be different given that, when compared to sexual orientation, sex work is likely to be a transient identity. There is little parallel literature relating to male escorts.

Social isolation may have negative consequences for male escorts. For example, sex workers who work in isolation are at increased risk of violence (Scott et al., 2005). Additionally, concerns about the stigma associated with sex work may result in social isolation from members of the community besides clientele. As previously discussed, concealment of a stigmatized identity can place significant strain on interpersonal relationships, limiting the availability of important social support. In a study of male Internet escorts, participants reported that emotional support from other male sex workers and from non-judgmental significant others was important for maintaining health and a "strong sense of self" (Parsons, Koken, & Bimbi, 2007). Those who are not open about their identities as male escorts may be cut off from social support that could potentially buffer the elevated risk for adverse mental and behavioral health outcomes found among men who have sex with men (e.g., depression, substance use, sexual risk; Stall & Purcell, 2000).

Current Study

The present study sought to examine outness patterns among male escorts who advertise on the Internet. Specifically, we examined outness of involvement in sex work to friends and family and its relations to mental (i.e., depression, satisfaction) and behavioral (i.e., substance use, sexual risk) health outcomes. Consistent with the literature on disclosure and health (Frost et al., 2007; Kadushin, 2000; Legate et al., 2011), we hypothesized that outness would be negatively associated with depression, substance use, and sexual risk behaviors. That is, male escorts who were out to *neither friends nor family* would have the fewest mechanisms of social

support, and thus be more susceptible to increased depression, substance use, and sexual risk behaviors compared to those who were out to *friends only* or out to *family only* and those who were *out to both friends and family*. As an alternate hypothesis, sex work outness may be related to longevity in the male escort industry. Extended time in the male sex industry may take an emotional toll and result in burnout for male escorts (Minichiello & Scott, 2014; Minichiello, Scott, & Callander, 2013; Smith & Grov, 2011; Smith, Grov, Seal, Bernhardt, & McCall, in press; Walby, 2012), increasing risk for negative outcomes among those who have been in the industry for a longer period of time. Such findings have the potential to inform interventions targeted toward men involved in the sex industry, a group that may be significantly represented among gay and bisexual men more generally.

METHOD

This study was the result of collaborations between the research team, Hook-online.com (an online resource for men in the sex industry) and Rentboy.com (a large US-based, though international, website where escorts advertise themselves). Both Hook and Rentboy provided feedback on the design of the study as well as interpretation of the results. At the time of the study, in spring 2013, there were profiles for approximately 3,000 predominantly male escorts (there were a few profiles for male-to-female transgender escorts) on Rentboy.com. The targeted clients on Rentboy are men, and the site is open to the public and free for clients to use.

We advertised for the study in two ways (both donated by Rentboy). Rentboy hosted a banner for the study that was in rotation with other ads on its page. Second, this banner was included as part of Rentboy's weekly e-newsletter distributed to escorts. We do not have data on the number of participants who joined the study via website banner versus newsletter banner. Those clicking the banner were directed to a separate secure page where the survey was housed.

The survey was anonymous and, to protect participants, no information about participants'

computers (e.g., IP address) was recorded. Participants were welcome to provide their email

address if they wanted to be contacted with the survey results or future research opportunities. To

be eligible, participants had to be over the age of 18, assigned male sex at birth and currently

identify as male, able to complete the survey in English, and have been hired/paid for escorting,

erotic services, erotic massage, or companionship in their lifetime. The survey took

approximately 10 minutes to complete and there was no compensation. Additional information

about the study has been published elsewhere (Grov, Rodriguez-Diaz, Ditmore, Restar, &

Parsons, 2014; Grov, Rodriguez-Diaz, Jovet-Toledo, & Parsons, in press). The City University of

New York Institutional Review Board approved study procedures.

In total, 2171 individuals clicked the link taking them to landing page for the survey. Of

these, 1792 (82.5%) continued to the informed consent page, and 77.3% of these individuals

provided consent (1386 of 1792). Of those who provided consent, we excluded data from 9

females (0.6%), 8 transgender individuals (0.5%), and 10 (0.7%) individuals who said their

gender was "other." Seven individuals (0.5%) said they were under the age of 18 and skipped to

the end of the survey. In addition, 544 individuals (39.2%) said they had never been hired for

escorting, erotic services, erotic massage, or companionship and thus skipped to the end of the

survey. Note that rentboy.com has high traffic among escorts as well as clients, thus clients

would have been exposed to the website banner. We believe the vast majority of the 544

responses were from clients who clicked the banner thinking the survey was designed for them.

Of the remaining 808 individuals who consented and were eligible to take the survey, 418

(51.7%) completed it. Those who did not complete ($n = 390$) closed their browser window at

some point in the survey, with the majority (52.1%, 203 of 390) quitting immediately (i.e., the

first page of questions). Sample size for the current study is discussed further in the next section.

Measures

Participants provided information on their demographic characteristics, escorting history,

drug use in the last 12 months (steroids, poppers, prescription drugs taken without a prescription

or not as prescribed, marijuana, ketamine, ecstasy/MDMA, GHB, cocaine, methamphetamine, 1

= yes, 0 = no), and detailed information about their last encounter with a male client—including

the length of the encounter, amount paid, satisfaction with the encounter (1 = very dissatisfied, 7

= very satisfied), use of drugs and alcohol prior to or during the encounter, knowledge of the

client's HIV status, and thirty different social (e.g., talking, sharing a meal, going for a scenic

walk/drive) and sexual behaviors (e.g., oral sex, anal sex, BDSM, role play). Response options

are detailed further in the results. Those reporting anal sex were asked a follow-up question

about whether a condom was used (0 = no, 1 = yes). Four participants were skipped out of these

questions because they reported their last client was female ($n = 3$) or transgender ($n = 1$).

Participants completed the 6-item depression subscale from the 18-item Brief Symptom

Inventory, $\alpha = 0.91$ (Derogatis, 2000; Wang et al., 2010). The measure asked participants to

indicate how much they experienced symptoms in the past 7 days (0 = not at all, 4 = extremely):

"thoughts of ending your life," "feeling lonely," "feeling blue," "your feelings being easily hurt,"

"feeling hopeless about the future," "feelings of worthlessness."

Outness patterns

Participants responded to two questions regarding outness about their escorting behavior

to family ("How 'out' are you about being an escort to your family?") and friends ("How 'out'

are you about being an escort to your friends?" 1 "None at all" to 5 "All"). These responses were

dummy coded to correspond with being out to any friends (0 = no, 1 = yes) and any family

members (0 = no, 1 = yes). Out of the 418 participants, eight (1.9%) did not provide a valid

response on both questions. An additional 15 (3.6%), indicated they did not have family to tell,

and were thus dropped from the further analysis. The remaining 395 men were grouped into one

of four categories: nearly half, 48.9% (*n* = 193) were out about their escorting to *friends only*,

26.6% (*n* = 105) were out to *friends and family*, 23.5% (*n* = 93) were out to *neither friends nor*

family, and four participants (1.0%) reported being out to *family only*. Given the small sample

size, these four men were excluded from further analyses. Thus, the final sample size for this

study was 391 and comprised three groups based on outness patterns (1) *friends only*, (2) *friends*

and family, and (3) *neither friends nor family*. Participants were allowed to skip individual

questions they did not wish to answer resulting in a shift of valid *n* for individual analyses. Note,

however, that overall response rates were high.

Analysis Plan

As mentioned, participants were classified into three groups based on their outness about

being an escort to *friends only* (48.9%, *n* = 193), *friends and family* (26.6%, *n* = 105), or *neither*

friends nor family (23.5%, *n* = 93). These three groups were compared on demographic and

behavioral characteristics using chi-square and ANOVA where appropriate. Finally, we

conducted multinomial logistic regression with escort outness group (*friends only* vs. *friends and*

family, vs. *neither friends nor family*) as the dependent variable. Multinomial logistic regression

compares multiple groups through a combination of binary logistic regressions. As such, we

compared being out to *neither friends nor family* with being out to *friends only* and to *friends*

and family. Likewise, we compared being *friends only* with being out to *friends and family*.

Variables selected for inclusion models were based on significant findings at the bivariate level.

RESULTS

Table 1 reports demographic characteristics by whether men were out to *friends only*, *friends and family*, or *neither friends nor family* about being an escort. Mean age of the sample was 33.4 (SD = 10.2), 29.7% of the sample was non-White, 75.4% resided in the US, 53.6% had at least a college degree, 56.5% made under $59,999 per year, 20.9% were currently in school/taking classes, 72.5% were not currently in a relationship, and escorts reported an average of 13.7 (SD = 15.6) times being hired in the prior month. These variables and BSI depression score were not associated with outness group. Outness was significantly associated with being self-identified as gay (the lowest proportion of men identified as gay was observed among men who told *neither friends nor family* about being an escort), HIV status (the greatest proportion of HIV-positive men was observed among those who were out to *friends and family*, and the greatest proportion of men who did not know their HIV status was observed among men out to *neither friends nor family*), working full-time as an escort (highest among men who were out to *friends and family*), and longer time escorting (the greatest proportion of men who were escorts longer than five years was observed among those out to *friends and family*).

--Insert Table 1--

Participants were asked about thirty different social and sexual behaviors with their last male client. None of these were significantly associated with outness group. The overall prevalence of these behaviors in descending order was: talking (96%), receiving oral sex from client (79%), kissing (75%), erotic talk (70%), giving oral sex to client (70%), mutual masturbation (67%), cuddling (61%), non-erotic massage (57%), being watched masturbating or performing some sexual act (54%), watching the client masturbate (52%), erotic massage (52%), anal insertive sex (escort inserted) (50%), rimming (oral sex with anus) (49%), body worship

(45%), anal receptive sex (escort received) (44%), drank alcohol with client (wine, beer, liquor) (38%), role play (dad/son, dominant/submissive) (36%), watching porn (32%), sharing a meal (e.g., dinner, dessert) (29%), sex toy play (26%), watching client perform some other sexual act (23%), fetish clothing (spandex, leather, rubber) (20%), bondage and domination, sadism and masochism (20%), watersports (urine play) (17%), watching a movie or going to see a show (14%), taking erotic pictures or video (14%), erotic dancing (lap dance) (13%), going for a scenic walk/drive (10%), shopping (10%), taking non-erotic photos/video (7%). In total, 47.8% of escorts reported having anal insertive sex with their last client and 40.7% reported anal receptive. Neither was associated with outness group.

In addition, knowledge of the last male client's HIV status, the last client being a repeat client (or not), drinking alcohol with the last client prior to or during the encounter, rating what the last client paid the escort as being "worth it," and having anal sex without a condom with last male client were not associated with outness group. See Table 2.

However, several other characteristics of the escorts' last encounter with a male client were significantly associated with outness group. Men who were out to *neither friends nor family* reported the lowest satisfaction with that encounter and received less money for the encounter. There was a marginally significant association trending such that these men also reported encounters that were briefer in duration ($p = .06$). In contrast, use of erectile dysfunction drugs or supplements prior to the encounter was highest among men who were out to *friends only* (36.5%) and *friends and family* (35.9%). Use of drugs prior to or during the encounter with a client was also highest among men who were out to *friends and family* (30.1%). Further, with the exception of steroids, drug use in the previous 12 months was significantly associated with outness group. Those who were out to *neither friends nor family* consistently reported the least use of poppers,

marijuana, and all club drugs, as well as the least prescription drug use without a prescription. See Table 2.

--Insert Table 2--

Finally, we conducted a series of multinomial logistic regressions with outness group as the dependent variable. Independent variables were selected from those that were significant at the bivariate level. In section A of Table 3, those being out to *neither friends nor family* were the referent group. Compared to those who were out to *neither friends nor family*, being out to *friends only* was associated with greater odds of self-identifying as gay (AOR = 3.07), being HIV-positive (AOR = 2.67), and club drug use in the last 12 months (AOR = 3.26). Compared to being out to *neither friends nor family*, being out to *friends and family* was associated with greater odds of being self-identified as gay (AOR = 2.22), HIV-positive (AOR = 3.65), working full-time as an escort (AOR = 2.19), and using club drugs in the last 12 months (AOR = 3.40).

In section B of table 3, being out to *friends only* was the reference group. Compared to being out to *friends only*, being out to *friends and family* was associated with increased odds of working as an escort for greater than five years (AOR = 2.55) and drug use with or during their last encounter with a male client (AOR = 2.02).

--Insert Table 3--

DISCUSSION

In this study, a large online sample of male escorts was categorized into one of four groups based on outness patterns about being an escort to friends and family. Almost no one was out to *family members only* and the modal response was to be out to *friends only*. About a quarter were out to *friends and family* and these men were significantly more likely to have been escorting for greater than five years as well as escorting full-time. It is likely that because those

who were out to *friends and family* were working full-time as escorts, as well as escorting for

such a long period of time, that being out to friends and family was both inevitable and

necessary—inevitable because it becomes increasingly difficult to conceal from friends and

family sporadic work hours and sources of income; necessary because friends and family have

the potential to serve as powerful mechanisms of support to navigate the emotional costs and

stigma associated with sex work (Smith & Grov, 2011; Smith et al., in press). For these men,

disclosing to friends and family may have been as a result of the need for social and emotional

support to cope with the emotional labor and burnout that can result from escorting (Minichiello

& Scott, 2014; Minichiello et al., 2013; Walby, 2012); however, future research would need to

determine motivations for disclosure as well as consequences of disclosure. Likewise, future

research would need to distinguish those who came out voluntarily versus those who were outted

or discovered.

About a quarter of men were out to *neither friends nor family*. We hypothesized that

these men would perform poorer across indicators of health and wellbeing due to the lack of

social support that can come from friends and family as well as the general sense of isolation that

can result from concealing involvement in sex work. With the exception of reporting lower

satisfaction and pay from their last male client on average, this hypothesis was mostly

unsupported. The lack of support for our hypothesis may be explained, in part, by duration of

escorting—with a large portion of those not being out to anyone having been escorting for less

than one year. Given how "new" many of these men were to escorting, it may be they were not

yet in need of strong sources of social support to cope with the emotional toll that escorting can

take. It could also be that they planned to escort for only a brief period of time, thus did not feel

the need to tell anyone. In addition, those out to *neither friends nor family* were also significantly

less likely than others to identify as gay. It could be that these men did not come out to friends and/or family about being an escort because it also meant *dually* disclosing they have sex with other men (whether for pay or not). This study did not assess how out men were to friends and family about their non-commercial sexual behavior with other men and this remains an important consideration for future research.

Interestingly, outness patterns were largely unassociated with social and sexual behaviors with the last male client, including having anal sex without a condom with their last male client. The majority of participants in this study did *not* have anal sex without a condom with their last male client, suggesting escorts—regardless of how out they are to friends and family about escorting—are able to navigate safer sex behaviors with their clients. This might be a reflection of ongoing HIV prevention and education initiatives targeted toward MSM more generally, and may reflect the nature of this sample (Internet based) who are characteristically/behaviorally different from street-based sex workers (Mimiaga, Reisner, Tinsley, Mayer, & Safren, 2009).

Nevertheless, outness patterns were strongly and consistently associated with substance use in the last 12 months and substance use with their last male client. Men who were out to friends and family were, for the most part, the most likely to have used substances. As indicated, this may be related to these men's longevity in the escorting business such that substances are used as means of coping with stressors associated with escorting (e.g., emotional labor) and general life circumstances (e.g., financial hardship, difficulty finding employment) that may encourage escorting for a longer than expected duration.

The strengths of this study should be understood in light of its limitations. First and foremost, this study was unable to determine the conditions in which escorts disclosed to friends and family as well as the reactions/support from these individuals. It could be that men

voluntarily disclosed, or that they were discovered to be escorts. Similarly, although friends and family can serve as powerful sources of support, disclosure or discovery that one works as an escort could have resulted in negative reactions and stigmatization, as has been documented in parallel literature on coming out as a sexual minority or HIV-positive (Harvey & Wenzel, 2002; Rosario, Schrimshaw, & Hunter, 2009). Further, the influence of the reaction of a friend or family member may depend on the level of closeness and the quality of the relationship (Beals & Peplau, 2006). Although we assess outness to friends and family, the study did not assess outness to current or former main partners—more than a quarter of participants were currently in a relationship. These also should be considered for future research.

To date, there is scant research on the role of outness about escorting, thus our study provides a novel contribution to the literature. Our findings that indeed outness matters highlights the critical need for additional research into the nuances of outness as well as reactions/social support. To develop our hypotheses, we drew from parallel literature about concealable stigmatized identities including coming out about being a sexual minority. We wish to highlight that sexual identity status is qualitatively different than male escort status, in the sense that the former is about *who* one is rather than *what* one does. Thus, the impact of acceptance or rejection of sexual identity status may be very different than that of acceptance or rejection of male escorting.

Given the cross-sectional nature of this study, it is not possible to say if greater substance use was a result of longer term escorting, if it lead to it, or if the two were merely correlated. Our data suggest that those who were out to both friends and family were more likely to engage in substance use in the previous twelve months. Yet, we do not know the extent to which friends and family are aware of the individuals substance use. Both sex work and substance use are

highly stigmatized and it would be interesting to know if escorts who were out to friends and family about escorting were also out to friends and family about their substance use. A potentially important area for future research would be examining the types of support these men seek and the types of support (and rejection) these men have received when coming out to friends and family, both about escorting and substance use. In total, our quantitative results have highlighted important arenas that could be further explored and contextualized via qualitative methods.

This is a study of Internet-based male escorts who were predominantly from the U.S. and recruited via a single escorting website, limiting generalizability. Escorts who do not want to pay for advertising and thus market themselves on websites like craigslist.org or via traditional sexual networking websites (e.g., adam4adam.com, gayromeo.com) may not be represented in this study. The survey was brief to reduce attrition; however, this meant some questions that might have further contextualized our findings were not included.

There was no incentive for this study, which helps to minimize motivation to complete the survey more than once (Bauermeister et al., 2012); however, this might have contributed to the low completion rate among those who were eligible and completed informed consent. To enhance anonymity, we did not record information about participant's computers or web browser. This reduced our ability to track multiple submissions. Nonetheless, given that no incentive was offered, we believe duplicate responses were rare. Furthermore, self-administered online surveys have the advantage that they can provide participants with a confidential manner in which they may be able to disclose sexual practices or stigmatized practices more easily than in-person interviews (Chiasson et al., 2006).

This study examined social and sexual behaviors with escorts' last male client. By focusing on a single event, we were able to provide rich contextualization of sexual encounters and avoid common pitfalls associated with summary data obtained over, for example, a three-month recall window. Focusing on the most recent event also facilitated greater recall accuracy. However, one's most recent encounter with a client may not fully characterize his sexual behavior more generally. Equally, sexual encounters involve behaviors and motivations of two individuals, thus our focus on escorts only tells one half of the story. Data from clients and the non-commercial partners of escorts would be useful to fully triangulate findings.

These limitations notwithstanding, this study provides important contributions for both future research and practice. The greater substance use and prevalence of HIV observed among those who were out about involvement in male sex work stands out as important. We believe that these men may disclose in an effort to receive support, but we do not know how disclosure is received and the type of support that was or was not provided. These relationships could provide a source of support for dealing with the challenges associated with sex work, including substance use problems and HIV risk/diagnosis, and the emotional toll of escorting. Although an intervention targeting the friends and family of sex workers seems unfeasible, interventions for sex workers that incorporate supportive friend and family social networks may be an important area for future research.

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Table 1. Demographic characteristics of male escorts by disclosure about escorting to friends, friends and family, and neither friends nor family, $N = 391$

	Disclosure about being an escort to…							
	Friends only, $n = 193$		Friends and family, $n = 105$		Neither friends nor family, $n = 93$		F	p
	M	SD	M	SD	M	SD		
Age in years, valid $n = 385$*	32.8	9.9	33.1	9.9	35.2	11.3	1.81	0.17
BSI Depression sub-scale (Range 1 - 5), valid $n = 389$	1.77	0.86	1.81	0.98	1.95	1.08	1.12	0.33
	n	%	n	%	n	%	χ^2	p
Race or Ethnicity, valid $n = 387$								
White	130	67.7	79	76.6	63	69.2	--	
Black, Afric. Amer.	12	6.3	6	5.8	4	4.4		
Latino	28	14.6	10	9.6	9	9.9		
Asian/Pacific Islander	5	2.6	0	0	7	7.7		
Multiracial or "other"	17	8.9	9	8.7	8	8.8		
Race in two categories, valid $n = 387$								
White	130	67.7	79	76.6	63	69.2	2.63	0.32
Non-white	62	32.3	25	20.4	28	16.3		
Sexual identity, valid $n = 389$								
Straight, heterosexual	0	0	2	1.9	7	7.5	--	
Bi, Bisexual	27	14.1	20	19.2	30	32.3		
Gay	160	83.3	78	75	54	58.1		
Other	5	2.6	4	3.8	2	2.2		
Self-identifies as gay, valid $n = 389$	160	82.9	78	74.3	54	58.1	20.49	< .001
Resides in the USA, valid $n = 391$	150	77.7	80	76.2	65	69.9	2.11	0.34
HIV status, valid $n = 391$								
Negative	139	72.0	72	68.6	72	77.4	20.08	< .001
Positive	40	20.7	28	26.7	6	6.5		
Don't know/unsure	14	7.3	5	4.8	15	16.1		
Education, valid $n = 386$								
Up to a high school degree	26	13.8	21	20.0	14	15.2	7.39	0.29
Some college	55	29.1	36	34.3	27	29.3		
College degree	39	20.6	25	23.8	22	23.9		
Graduate school	69	36.5	23	21.9	29	31.5		
Total income in last year ($US), valid $n = 365$								
Up to $29,999	46	26.6	31	29.8	28	31.8	11.35	0.08
$30,000 to $59,999	48	27.7	30	28.8	21	23.9		
$60,000 to $99,999	56	32.4	25	24.0	16	18.2		
$100,000+	23	13.3	18	17.3	23	26.1		
Currently in school/taking classes, valid $n = 387$								
No	150	78.1	84	80.8	72	79.1	0.50	0.97
Part-time	24	12.5	12	11.5	10	11.0		
Full-time	18	9.4	8	7.7	9	9.9		
Relationship Status, valid $n = 389$								
Single, divorced, widowed	136	71.2	77	73.3	69	74.2	0.33	0.85
In a relationship, married, had a commitment ceremony, domestic partner	55	28.8	28	26.7	24	25.8		
Works as an escort full-time, valid $n = 390$	72	37.5	48	45.7	23	24.7	9.46	0.009
How long ago was first time being hired, valid $n = 389$								
Less than 12 months	51	26.4	20	19.4	30	32.3	17.22	0.002
1 to 5 years	98	50.8	38	36.9	34	36.6		
Greater than 5 years ago	44	22.8	45	43.7	29	31.2		

* $n = 6$ did not answer this question; however, previously indicated they were over the age of 18

-- Chi-square cannot be computed. Expected counts fall below five in one or more cells

Table 2. Sexual behaviors and other characteristics of male escorts by disclosure about escorting to friends, friends and family, and neither friends nor family, $N = 391$

| | Disclosure about being an escort to… | | | | | | | |
| | Friends only, $n = 193$ | | Friends and family, $n = 105$ | | Neither friends nor family, $n = 93$ | | | |
	M	SD	M	SD	M	SD	F	p
Number of times hired in last month, valid $n = 385$	13.4	15.6	15.7	15.8	12.2	15.1	1.32	0.27
How satisfied were you with last male client encounter (1 = Very Dissatis., 7 = Very Satis.), valid $n = 386$ [a]	5.8	1.3	5.4	1.6	5.1	1.9	29.03	0.003
What what your last client paid you worth it? (1 = not at all, 5 = definitely)	4.3	0.8	4.2	1.0	4.1	1.1	3.04	0.13
	n	%	n	%	n	%	χ^2	p
Last male client was someone who hired you before, valid $n = 380$	107	56.3	52	52	45	50	1.14	0.57
Length of last encounter w/ a male client, $n = 386$								
Two hours or less	138	71.5	76	73.8	76	84.4	5.64	0.06
Greater than two hours	55	28.5	27	26.2	14	15.6		
Money last male client paid, $n = 381$								
$199 or less	40	21.3	21	20.4	34	37.8	16.46	0.01
$200 - $249	36	19.1	26	25.2	12	13.3		
$250 - $399	51	27.1	33	32.0	26	28.9		
$400 or more	61	32.4	23	22.3	18	20.0		
Escort used erectile drugs or supplements prior to encounter with last male client, $n = 386$	70	36.5	37	35.9	18	19.8	8.65	0.01
Escort drank enough alcohol to feel "buzzed" or drunk prior to/during encounter with last client, valid $n = 383$	29	15.1	16	15.7	11	12.4	0.49	0.78
Escort used drugs prior to or during encounter with last client, valid $n = 382$	34	18.0	31	30.1	11	12.2	10.48	0.005
Last male client used drugs or drank alcohol prior to/during encounter, valid $n = 387$	54	28	31	30.1	26	28.6	0.15	0.93
Escort's knowledge of the HIV status of his last client, $n = 387$								
Knew or thought knew	118	61.1	64	62.1	53	58.2	0.34	0.85
Did not know	75	38.9	39	37.9	38	41.8		
Had condomless anal sex with last male client, $n = 391$	61	31.6	30	28.6	27	29.0	0.37	0.83
Drug use in the last 12 months, valid $n = 391$								
Steriods	22	11.4	15	14.3	5	5.4	4.26	0.12
Poppers	104	53.9	52	49.5	29	31.2	13.26	0.001
Prescription drugs without a Rx	48	24.9	38	36.2	9	9.7	18.92	< .001
Marijuana	86	44.6	55	52.4	24	25.8	15.15	0.001
Ketamine	94	48.7	58	55.2	18	19.4	33.08	< .001
Ecstasy	56	29.0	27	25.7	5	5.4	20.96	< .001
GHB	47	24.4	31	29.5	2	2.2	26.26	< .001
Cocaine	54	28.0	35	33.3	13	14.0	10.29	0.01
Methamphetamine	47	24.4	39	37.1	8	8.6	22.02	< .001
Any club drug use (ketamine, ecstasy, GHB, cocaine, methamphetamine)	94	48.7	58	55.2	18	19.4	30.08	< .001

[a] Those who had disclosed to their friends only were significantly different from those who disclosed to no one.

Table 3. Multinomial logistic regression contrasting characteristics associated with disclosure about being an escort to friend, friends and family, and neither friends nor family

SECTION A. Referent outcome group: Being out about being an escort to *neither friends nor family*	Out about being an escort to *friends only*			Out about being an escort to *friends and family*		
	AOR	95% CI	*p*	AOR	95% CI	*p*
Self identified as gay	3.07	1.69 -- 5.56	< .001	2.22	1.13 -- 4.38	0.02
HIV-positive	2.67	1.04 -- 6.85	0.04	3.65	1.36 -- 9.80	0.01
Works full-time as an escort	1.58	0.86 -- 2.90	0.14	2.19	1.13 -- 4.26	0.02
Been working as an escort for greater than five years	0.68	0.37 -- 1.24	0.21	1.73	0.91 -- 3.31	.096
Escort used drugs prior to or during encounter with last client	0.78	0.33 -- 1.84	0.57	1.57	0.64 -- 3.86	.322
Escort used erectile drugs or supplements prior to encounter with last male client	1.68	0.89 -- 3.18	0.11	1.58	0.78 -- 3.22	.208
Escort has used club drugs[1] in the last 12 months	3.26	1.63 -- 6.54	0.001	3.40	1.58 -- 7.30	.002

SECTION B. Referent outcome group: Being out about being an escort to *friends only*	Out about being an escort to *friends and family*		
	AOR	95% CI	*p*
Self identified as gay	0.73	0.39 -- 1.36	0.32
HIV-positive	1.37	0.75 -- 2.49	0.30
Works full-time as an escort	1.39	0.83 -- 2.32	0.21
Been working as an escort for greater than five years	2.55	1.49 -- 4.35	0.001
Escort used drugs prior to or during encounter with last client	2.02	1.07 -- 3.84	0.03
Escort used erectile drugs or supplements prior to encounter with last male client	0.94	0.55 -- 1.60	0.81
Escort has used club drugs[1] in the last 12 months	1.04	0.59 -- 1.84	0.88

All independent variables are coded "1 = yes" and "0 = no"
AOR: Adjusted Odds Ratio, CI: Confidence Interval

[1] Club Drugs include ecstasy, ketamine, cocaine, methamphetamine, and GHB