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“I WANT TO BE REALLY CLEAR”: WHAT MALE SEX WORKERS WANT TO CLARIFY WITH PROSPECTIVE CLIENTS BEFORE AGREEING TO MEET FOR SEX

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Abstract

Men who have sex with men (MSM) and engage in sex work (MSW) frequently meet clients through dating/hookup apps. This provides an opportunity to discuss the parameters of the exchange prior to meeting and to learn things about the prospective client and the risks he might pose. Limited research has examined the specific issues or topics MSWs discuss with clients before agreeing to meet. We analyzed interview data from a sample of 180 MSWs from eight U.S. cities who engaged in exchange sex with clients they had primarily met through dating/hookup apps and websites. Participants typically asked about clients' sexual interests and expectations regarding what will transpire when they meet to make sure they were compatible with their own boundaries and limitations. Most participants inquired about clients' sexual health and often discussed condom use. Assertiveness and communication skills training might help MSWs negotiate encounters with clients that promote health and safety.

Keywords

male sex worker; sex work clients; sexual encounters; online sex work; hooking up; qualitative research

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INTRODUCTION

Men who have sex with men (MSM) and engage in the exchange of sexual services for money, drugs, housing, or other material goods (i.e., male sex workers) are at elevated risk compared to other MSM for HIV (Centers for Disease Control and Prevention [CDC], 2019; Nerlander et al., 2017); they are also more likely to be unaware of their HIV-positive status (Nerlander et al., 2017), engage in condomless anal sex (CAS) (Nerlander et al., 2017), and report more CAS partners (Meunier et al., 2021). Given that male sex workers (MSWs) now frequently, if not predominantly, meet clients online rather than in public spaces (e.g., streets, parks, bars), the opportunity exists to vet clients and discuss with them the terms of the encounter before meeting for sex. In fact, several researchers have recently noted that information and communication technologies such as cell phones, websites, and dating/hookup apps allow sex workers (SWs) to specify, ahead of time, the parameters of the encounter including services and condom use to try to ensure their sexual health (Argento et al., 2018; Atchison et al., 2015; Bernier et al., 2021). However, few published studies have examined what male sex workers want to be sure has been agreed upon beforehand with the client and what information they want to have about the client prior to the encounter.

A mixed-methods study conducted in Canada with sex workers of unspecified gender found that those who advertised in newspapers or online were more likely to “communicate extensively” with potential clients before meeting them in person than those SWs whose first interaction was face to face (e.g., worked in the street, bars/clubs, hotels/motels) (Atchison et al., 2015). Additionally, they more frequently reported feeling empowered to set the terms and conditions of the exchange and to have greater control over condom use. Further, that study also surveyed those who purchased sexual services. Clients reported appreciating the opportunity to “discuss the terms of service” prior to meeting. Both the sex workers and clients felt they benefited from the clarity around boundaries and expectations, which reduced the possibility of misunderstanding or conflict (Atchison et al., 2015).

In another Canadian study, in-depth interviews with 39 MSWs in “Boystown” (Argento et al., 2018) revealed that while in their transition from street solicitation to online solicitation, they experienced a loss of a social support network, it also afforded them more control in negotiating the terms of sex work and greater ability to implement protective strategies including condom use. Using web chats, workers were able to ask potential clients about what services they were looking for, discuss HIV status, decline clients without being concerned about repercussions, and set clear terms regarding the types of services, location of encounter, and condom use for oral and/or anal sex (Argento et al., 2018).

Some studies have reported on the types of information MSWs include in their online profiles. These advertisements could be considered an initial step by the MSW in setting the parameters of an encounter, as they often provided details about the types of sexual activities they offered (Blackwell & Dziegielewski, 2013; Kille et al., 2017) and their preferred role (receptive or insertive) in anal sex (Goldring et al., 2016; Kille et al., 2017; MacPhail et al., 2015). In some instances, they also included information regarding their sexual and health behaviors and health status (e.g., sexually transmitted infection [STI] status, use of pre-exposure prophylaxis [PrEP], use of drugs or alcohol) and/or their requirements, if

any, with respect to condom use (Blackwell & Dziegielewska, 2013; Goldring et al., 2016; Jackson & Judge, 2021; Kille et al., 2017). Limited research has examined the details of how MSWs discuss the parameters and terms of an exchange sex encounter with potential clients identified through dating/hookup websites or apps. In the current article we provide information on the kinds of issues male sex workers sought to clarify with clients before meeting as well as what they wanted to know about the prospective client; these included their desired sexual activities, fetishes, and health status, as well as boundaries for the encounter and condom use.

METHODS

The data for this report come from a cross-sectional study of 180 MSM who, during the prior 3 months, had engaged in exchange sex that was primarily arranged through a dating or hookup app or website not intended for sex work. Exchange sex was defined as providing sex in exchange for money, drugs, shelter, or other material goods. Recruitment and data collection took place between October 2018 and April 2020. Study advertisements were posted on social networking and dating/hookup app and websites popular with MSM. The advertisements stated that researchers at the sponsoring university were seeking men to discuss how they negotiated encounters with other men they met on apps. While the pictures and symbols used in recruitment ads suggested that exchange sex was the study's focus, that was not explicitly stated in the advertisements. The ads indicated that eligible participants who completed a phone interview would receive \$100. By clicking on the advertisement, respondents were redirected to an information page that explained the purpose of the research, that it was voluntary, privacy protections, and how to contact the study team. Those interested could continue to a 5-minute confidential screening survey conducted through Qualtrics. At the completion of the screening survey, participants were immediately notified of their eligibility status, and those eligible were asked to provide their contact information for the purpose of scheduling data collection.

In order to be eligible, respondents had to: (a) have been assigned male sex at birth and currently identify as male, genderqueer, or non-binary; (b) be 18–45 years of age; (c) self-report having never tested positive for HIV; (d) self-identify as Black/African-American, White/Caucasian, or Hispanic/Latino of any race; (e) report being fluent in English; (f) reside in the areas of Atlanta, GA, Baltimore, MD, Boston, MA, Chicago, IL, Detroit, MI, New York City, NY, Philadelphia, PA, or Washington, DC; (g) report having engaged in exchange sex with at least two different male partners in the prior 3 months; (h) report anal sex with at least one of those two exchange partners from the prior 3 months; and (i) report having met at least one of their exchange partners from the prior 3 months on a dating/hookup app or website.

Eligible individuals were contacted by study staff by phone to complete the study informed-consent process and continue to the data collection procedures, beginning with a 20–30-minute interviewer-administered questionnaire that confirmed study eligibility and gathered additional information about sexual health and sexual behaviors. Those confirmed to be eligible were sent a link to complete an online 20–30-minute self-administered questionnaire covering recent sexual behaviors, mental health symptoms, and substance use. Lastly,

participants completed a phone-based in-depth qualitative interview in which a study staff member asked about their experiences with exchange sex.

In-depth interviews lasted an average of 88 minutes and were transcribed verbatim and coded in ATAS.ti. The research team developed a coding scheme that reflected the primary areas of interest based upon the study aims. The two members of the research team who conducted the interviews coded the transcripts. Data for this report come from interview excerpts coded as “Negotiation of exchange sex,” defined as follows: “What the participant wanted to discuss with the prospective client prior to an in-person meeting.” While this code could be applied as warranted to any section of the transcript, it typically referenced comments made by the participant in response to interview questions like: “What are some of the things you want to discuss with an exchange partner before meeting them?”; “Do you typically discuss what you’ll be doing together sexually before you meet up?”; “Are there things that you are willing to do or unwilling to do with exchange partners?”; “Do you talk with them about HIV or other STDs [sexually transmitted diseases]?”; “How important would you say it is for you to discuss condom use with an exchange partner before you meet up with him?” All data assigned the code “Negotiation of exchange sex” were extracted. Two of the authors (KS and CJB) each independently coded a small subset of the same interviews to identify the specific issues and matters participants sought to clarify and agree upon with the client or wanted to learn about the client before they agreed to meet them for sex. The subset of interviews was chosen to represent participants of different ages, race/ethnicities, and lengths of time involved in sex work. They then met to combine their list of topics/issues and remove any overlap or redundancy. The resulting list became the basis of the codes used for the analysis, and each code was then clearly defined in a codebook. They again independently applied codes to a different subset of interviews. Once again, they met, resolved any differences in their use of codes, and refined code definitions as needed. At this point, strong agreement was reached in the application of the codes, and all the extracted material from the full set of interviews was coded.

RESULTS

Participants ranged in age from 18 to 45 (median age = 28). Regarding race and ethnicity, 37.8% identified as White (not Hispanic), 25.6% as Black (not Hispanic), and 36.7% as Latino of any race. Most (86.1%) were born in the United States or its territories. Educationally, 17.2% had a high school degree, GED, or less, 32.8% had some college or associate’s degree, 31.1% had a bachelor’s degree, and 18.9% had a graduate or professional degree. Approximately one-fourth were currently in school full-time (19.4%) or part-time (7.2%). In terms of employment and income, 29.1% were not employed, 27.7% were employed part-time, 43.3% were employed full-time, and incomes were relatively low with 40.7% of participants earning less than \$20,000 and 18.6% earning \$60,000 or more annually. Regarding sexual identity, 85.6% identified as gay/queer and 11.7% as bisexual. Participant characteristics are shown in Table 1.

SETTING ENCOUNTER BOUNDARIES

Nearly all participants reported that once they had connected with potential clients, they asked them “what they were into” or what types of sexual activities they were seeking. They typically wanted to assess their compatibility and ensure that their clients’ sexual expectations fell within the boundaries of the kinds of services they were willing to provide. Some participants had firm stances regarding the type of sexual activities they were willing or unwilling to engage in with a client and/or what position they preferred or insisted upon during certain sexual acts (e.g., anal sex) and wanted to ensure that their clients understood these things before any meeting occurred. For instance, a 22-year-old Latino participant from NYC expressed wanting details in advance about an exchange partner’s expectations.

I want to know exactly what they are into sexually. Obviously, I want to know if I need to douche or not. I want to know what they’re expecting. Is this just going to be in and out? Am I going to have sex and to leave? Or am I going on a date and hang out with them all day, all night?

To ensure that exchange partners were clear about what would transpire sexually, a 38-year-old Latino participant from Philadelphia shared that he informed exchange partners in advance what he would be willing to do.

So, it’s like, “You understand that this is what would happen? I would be into making out. I’ll give some oral, not too much. And if you want to go further than that then you understand that I’m a top.” And I think that’s ... yeah. Just like what the terms are, or something. Or what’s to be expected.

Similarly, before meeting clients a 22-year-old Black participant from Detroit specified what activities he preferred and which ones he was unwilling to perform.

I just tell them what I do. I will tell them that I only prefer to do oral sex ... that’s what I tell them. I’m pretty much willing to do anything but kissing and oral sex on their behinds or something, something like that.

A 32-year-old White participant from NYC reported that he clarified his and the client’s sexual interests and boundaries prior to their in-person meeting.

I ask what they’re interested in, what they don’t like. They’ll tell me things they’re interested in. I’ll say I’m either interested in them as well or I’m not interested in them. I’m usually clear about my boundaries ... I’ll say, “This is what I’m interested in. This is what I’m looking for.” They’ll say yes or no. I can sometimes be flexible, but I’m pretty much inflexible. That said, I’m open to a lot of things, but if they’re not interested in meeting me where I’m at, it’s not really ... I’m not that hard up for any of those things. So I just say, “All right. Well, good luck with whatever you need.” And I move on.... I usually am down for performing oral, giving head, eating ass. Most of the time, I pretty much only top. I rarely bottom. That’s actually more reserved for people with whom I have an emotional connection, and not trying to get something out of them. There’s a whole trust thing there.

Some participants set boundaries with clients regarding activities beyond oral or anal sex that they viewed as more “extreme.” Many of these participants stated that if clients asked them to participate in gratifying certain fetishes and/or to take part in activities involving masochism, feces, or body fluids that they were clear with them before meeting that these were things they would not do. When asked what he wanted to discuss prior to meeting an exchange partner, a 42-year-old White participant from DC mentioned that he wanted to talk about boundaries and went on to describe what those included.

Boundaries. Limits. And then it’s very important, “What are we going to do?” ... And it’s pretty straightforward. I mean, It’s really transactional, mate. I mean, “This is what we’re going to do.” We don’t set the order or whatever, but “This is what we’re going to do and this is what we are not going to do. And if it’s okay with you that’s great, and if it’s not it’s not, that’s fine.” ... Well, for things of not do to, it’s, you know ... Scat, blood, pain. I mean those are going to be kind of the three, you know ... “No.” And anything else is pretty open. So, you know ... “You want me to hit your balls? Okay,” “You want me to piss on you? That’s okay.” I mean, you know... “Anything than those three, right, I’m open to listen to what you have to say.” And depending on the situation, depending on the guy, depending on my mood, I will say yes or no to that.

Similarly, a 34-year-old Black participant from DC reported that after being messaged by a potential client he would discuss with him his openness to engaging in many kinks and fantasies while also defining his limits around certain activities.

Usually it’s like, when people are messaging me, they have a particular thing in mind. So we talk about, okay, well what do you want to do? What are your kinks? What are your fantasies? I’ll try my best to fulfill those. And I always tell them like, “This is always playing safe. I never play unsafe.” And they’re like, “Okay. That’s cool.” ... I’m a free spirit, so pretty much [willing to do] everything and anything. I do draw the line when it comes to, what’s the proper word for this? Body excrement.... No water sports, no dirty Sanchezes.

When texting with potential clients prior to meeting, a 34-year-old Latino participant from NYC made it clear that he had limits regarding what services he would offer clients, and that he wouldn’t agree to anything out of the ordinary.

Through text I have set rules. I have set boundaries. I’m not into being hit. I always tell them that I’m a little bit more classier than certain people. Some people, they like messing around with urine and I do not. Some of them like people having orgasm in their face. I don’t like that. So I let people know they don’t do that, because that’ll just be a turn-off or I’m more of the normal. I just like to basically cuddle, foreplay, and then after foreplay we could have sex. Nothing out of the normal.

SEXUAL HEALTH

Most participants felt that before meeting with a client it was important to talk about sexual health matters such as their HIV and STI status, recent testing, and PrEP use in order to try to assess the level of risk a client might pose. Participants varied in how consistent they were

in discussing these matters and how adamant they were regarding proof of status and/or PrEP use or recency of testing if they were going to engage in certain sexual activities, particularly anal sex. For a 28-year-old Latino participant from Chicago, health status was at the top of the list of what he wanted to discuss with exchange partners prior to meeting for sex.

Safety comes first always. So going through the STI, HIV questions. PrEP questions. Stuff like that. Use of safety while engaging. So, safety comes first, always. So those conversations are held. Yeah, well, so it's pretty [straight] forward into regards of, do you know what your status for the following, kind of list everything. When's the last time you were checked, are you okay with just say, sex, so those discussions go down the line. I have them send me proof of last time they were tested as well if they're on PrEP. So, that is part of the safety concerns and then thereafter safety, it starts into what it is that they looked for in regards to actions.... [for proof] Yeah, I mean nowadays results online are very easy to get and so, that's fine. If you are on PrEP you can just take a picture of it, right, it has your name on it. So, yeah, there's easy ways to make sure or at least run the risk of lowering that risk.

Another participant, a White 19-year-old from Chicago, stated that "HIV and STD status are super important to discuss." He explained what kinds of answers he was looking for in his discussions with prospective clients, and which STIs clients could have as long as they used condoms, and which STIs he universally declined clients for. Additionally, he required proof of test results "within the last week to few weeks" and felt that this was particularly important with "generous guys," adding, "especially ones that I don't know."

I either want them to not have any STDs or ... small things like a yeast infection or syphilis or chlamydia I'm fine with as long as they use a condom, but anything worse than that, where the treatment is either a lifetime or more intense, I will say no. And that's like the same outside of generous partners, too.... [I would say no to] HIV, AIDS, herpes, anything more on that side.... I ask for test date and I prefer that they actually send me either a photo or a scan of the test. Especially with generous guys. Or if they don't feel comfortable sending it to me because it has sensitive information, they either block out the sensitive information. But if they do that, they also have to bring me the physical copy so I can see it.

Similarly, a 45-year-old Black participant from Atlanta required proof of HIV/STI status and testing date before proceeding to set up a meeting to have sex.

I let them know straight up, "Hey, before you even approach me in any other way, I need to have a physical copy where you log into ..." Most people here are with one of the HMO plans that you can actually log into your medical dashboard. I let them know, "Hey, I need to see. I need to see your STD battery and the last recording of your HIV test." That's a prerequisite. No ifs, ands, or buts about it, whether it's with a condom or raw. It has to be.... [The potential clients] love it. Yeah. If I get any kind of kickback, I automatically, I'm like, "Okay, this is no deal breaker for someone else, but it is for me."

A 25-year-old White participant from NYC also stated that he asked potential clients about their testing habits and whether they had HIV or other STIs and, not trusting that their responses would be honest, also requested proof of test results.

I specifically say, “When was the last time that you were tested? What were your test results?” I ask them to provide copies of their test results if at all possible, just because you can’t really take people at their word.

Additionally, a 23-year-old White participant from Chicago, who himself got tested “minimally every other week” so that he could inform others, reported that he wanted clients who were not recently tested go for testing before meeting with him and would suggest a free STD clinic in the community they could visit. He required testing before engaging in oral or anal sex. Alternatively, if a client was not tested recently enough, he would offer to engage in hand jobs only.

So, most clients, the first time I meet them, within a week before we’re meeting up, I ask for some kind of proof that they’ve been tested or something, just to protect myself. And usually I’ve had no problem asking people for that, and when I find that people are really resistant to that, it’s usually kind of just a red flag for me, and I avoid it.

While another participant, a 38-year-old Black man from DC, said that while he asked about HIV/STI status, he did not require proof of results or testing dates.

Oh yes, [I ask about] all of it. It’s DDF, drug and disease free, and HIV negative, yes. That’s the way it goes ... I state what I am first and then I say, “So what are you?” We use those acronyms. I say, “I’m DDF, I’m drug and disease free, and HIV negative. What is your status?” I just say it that plain.... Sometimes I do, sometimes I don’t [ask them when they were last tested].

A 29-year-old Latino participant from NYC reported that he insisted upon knowing a client’s HIV and STI status before meeting but did not mention needing to see the results report.

I always bring that [HIV/STI status] up. Yup. ... I ask directly to them. “Are you clean? When’s the last time you were tested? Have you ever had STDs?” I would never participate with anyone who was not less than clean, and I, as a very clean person myself, and get tested every few months.... If they don’t know their status, or they go, “I can’t remember the last time I did it,” then that’s definitely not someone that I would consider, so someone should know when it was, and I would expect within a 6-to-8-month period that that had happened.

CONDOM USE

Many participants also discussed condom use prior to meeting with clients. Some were adamant about using them with all clients and wanted to make that clear to avoid conflict later during the encounter. Agreement on condoms at the outset also avoided the risk of wasting time traveling to a client only to find out he wanted something they would not provide, so the transaction was off. Most of the participants who said they insisted on using condoms with clients had never used PrEP or had discontinued it and therefore relied solely

on condoms to protect themselves against HIV and some other STIs. Some insisted on condom use because they felt they could not rely on clients' claims of being disease free as even clients who claimed to use PrEP could still have an STI. They felt that, even if it meant losing clients and income, having condomless sex posed more health risks than they were willing to accept. Although the following 37-year-old White participant from Detroit asked potential clients about their HIV and STI status, he also insisted on agreement to using condoms at the meeting. When asked about the conversation he had about condoms, he explained,

It's not a conversation, it's a demand. [I tell them] I don't practice unsafe sex. We're not going to do this without condoms. Absolutely, [I tell them online before meeting up] and then again when we meet up in case there's any misunderstandings ... Some people will not even meet up because you tell them no, you're safe sex only, they don't even want to meet up. So, I lose some people over it, but I don't care because I'm not negotiating that.

Those who insisted on condom use were typically direct and assertive in an effort to eliminate any ambiguity or to make it clear that there was no room for negotiation on this matter. For example, a 20-year-old White participant from NYC told potential clients that condom use must be agreed upon or there would be no point in meeting.

I tell them that there's no way around us having sex without a condom, and if that's a problem, then we don't have to meet up.

Similarly, a 31-year-old Latino participant from Philadelphia noted he was willing to lose clients by insisting that anal sex would have to be "always safe" rather than accept the risks associated with not using them. He said he would end the conversation if there was any pushback.

I always say two words, "always safe." So that comes with anal only. So not with oral, but with anal, I let them know it's going to be safe only.... And if there is [pushback], it's really not my problem, I just move on. I would say no, it wouldn't be worth it.

Some would stop chatting with potential clients who said they were interested only in condomless sex. For example, an 18-year-old Black participant from NYC said he would never have condomless sex outside of an established or exclusive relationship.

If they ask me if I play raw, I straight up say, "I do not and I will not." And if it's a deal-breaker, then we can stop talking right there.... With anyone that I'm not in a relationship with or that I'm not exclusively meeting up with, I will not have unprotected sex. There's no excuse or no exceptions. That's just the one thing I will not do.

Several participants stated that they made it clear in their profiles that condom use was a requirement, yet they still had men who would contact them and ask about CAS. For instance, a 41-year-old Black participant from NYC who clearly indicated in his profile that he had anal sex only with condoms found it disturbing when he still received requests for CAS and would have to reiterate that condoms were a requisite part of the exchange.

I always say [on my profile ad], “Condoms only. Safe sex.” And, “Condoms are a must. STD free. No bareback.” ... On the chat lines, if they asked me, “Well, can we have sex without a condom?” I told them, “If you read my ad, I do not do raw.” I don’t do raw. So, that’s a turnoff when they ask me that. I can’t do that. I don’t do it. My health comes first.

A few participants reported that while some potential clients would end the conversation once they understood that having CAS would not be acceptable, others relented and agreed to condom use. For example, a 33-year-old Latino participant from Boston who said the topic of condoms generally came up in conversation after having discussed sexual interests and exchanging pictures reported that some clients, despite their preference for CAS, would agree to use condoms.

Typically, it goes after exchanging pictures, and exchanging preference, then I will say like, “Do you play safe?” And if you say no, then I’ll be like, “Sorry, dude. I only play safe here. Condoms only.” And then either the person might ignore it and continue with the conversation, or the person just doesn’t speak anymore or they’re like, “Okay. I’ll use condoms.” And then I’m like, “Okay, cool.”

To avoid wasting time and/or getting stranded somewhere, a 31-year-old Latino participant from NYC refused to attend a meeting where condom use had not been definitely agreed to in advance.

That is something that has to be discussed at least for me. For them to know that if I go over there, if I’m going to New York City from New Jersey. Or I’m going to New York City from Connecticut or from where I’m coming from, that you don’t break this deal because I’m not going to fuck you raw. We have to know the terms from the beginning. Just so that none of us are really put in a place where I’m stranded somewhere or now I can’t get back. Or, now I just wasted a whole day when you were looking for more raw all day and I’m just not going to budge on those terms.

Several participants who prior to meeting clients had already informed them of their requirement for condom use, and this had already been agreed to, said they still had to reinforce those agreements when they met in person. If a client would not adhere to the condom requirement once they met for sex, these participants would typically leave the meeting. For example, a 30-year-old White participant said he would make it very clear before meeting that he had anal sex only with condoms and would end conversations with potential clients who would not accept that condition. However, he still found that some clients who prior to meeting with him agreed to use condoms would then ask him to remove the condom during sex. He would remind them of their prior agreement and was willing to end the session if they did not comply.

Once you’ve established something and we’re getting toward “Should we set a date?” if they haven’t brought it [condom use] up yet, I’ll bring it up very bluntly. ... I try to make it very, very obvious, like over the top, like just please don’t even ask that question or I’ll just end things. And I may once or twice have just been like “All right, we’re done.” If I wasn’t like into it, you know? But if someone

asks generally, like during the act, and I'm having a good time, I'll say "No, we've talked about this." Like, this doesn't feel that great. "Come on!" I say, "We already discussed this. It's [CAS] not happening. We can either end it now or just keep going how we have been."

Similarly, a 40-year-old Latino participant said he generally avoided anal sex with clients but on those occasions when he was "thinking about going through with that," discussion of condom use was a "100% vital conversation" before meeting. In those conversations he informed potential clients that he would leave a meeting if the client insisted on having CAS at the meeting.

If I'm going to have anal sex, I will be wearing a condom, and if you asked me to take off the condom, or to not use a condom while I'm there, I will say, "No," and if you ask again, I will leave.

While some participants weren't insistent about condom use, several still wanted to discuss the topic to determine the client's preference so that they were prepared for the meeting. For instance, a 24-year-old Latino participant from Chicago said while he was fine with either using or not using condoms with exchange partners, he still wanted to discuss the matter prior to meeting them in person. When asked why, he responded,

Just to know if I need to bring condoms. And I guess I think it's I want to know exactly what I'm getting into. And yeah, I think that's the biggest part. I just want to know ... I want to be able to mentally prepare myself for every instance in the situation. So, if I know that they're not going to use a condom then it'll just paint a picture in my head of how I'm going to perform and how the session will go or whatever.

DISCUSSION

This study adds to the online sex work literature by highlighting an array of matters male sex workers who meet clients online seek to clarify and agree upon or learn about the client before they commit to meet in person for sex. With the rise in information and communication technologies, dating/hookup apps and websites have become a very popular venue for arranging sex work. As opposed to street-based MSWs, those who meet potential clients through dating/hookup apps and websites have the opportunity to make clear, prior to meeting, their requisites for the sexual encounter and to acquire information about the potential client. When participants met potential clients through dating and hookup apps, they usually continued their communications by phone calls or texts to discuss what services the potential client wanted and what the participant was willing to provide. Most participants queried potential clients about their HIV and STI status, with some having strict rules regarding proof of recent testing for HIV and other STIs and/or use of PrEP. Many also discussed condom use with potential clients, with some willing to lose potential clients who refused to use them for anal sex.

Discussions on an app or in follow-up communications by text or phone provided our participants an opportunity to gain a clear understanding of a potential client's interests and expectations and also to communicate their own boundaries and requirements. If what

their prospective client expected or wanted did not match what participants were willing to provide, participants either tried to negotiate activities that were mutually acceptable or simply declined to meet the client. Several pointed out that it was easier to be assertive and firm in one's requirements through an app or texting than it was face to face. Thus, communication technologies afforded our participants a level of control over the specifics of the exchange, as has been referenced in prior research (Atchison et al., 2015). Participants were not only able to select whom they wanted to engage with (for example, someone who recently tested negative for HIV/STI) but were also able to dictate what services would or would not be provided. If a mutually acceptable arrangement could not be negotiated prior to the meeting, and therefore a participant declined to meet a prospective client, they lost only the amount of time that it took them to text or talk with that person, thus increasing their work efficiency. In comparison, without pre-meeting discussions, they risked losing time spent preparing for and/or traveling to an encounter that might not proceed due to a disagreement about what activities would occur. More importantly, they might find themselves in uncomfortable or unsafe situations if when they met, they found the clients' expectations and what they were willing to offer the client could not be reconciled. However, it should be noted that we also found that clients sometimes tried to renegotiate the previously agreed upon conditions of the encounter once they met the participant for sex, so the potential for disagreements remain even when prior discussions had taken place.

For those workers who meet clients in a public setting (e.g., in bars, on the street, in parks), discussions about the exchange are held in person, often in compressed time frames, possibly increasing the chances of misunderstandings, conflicts, or little opportunity to discuss risk reduction such as condom use (Argento et al., 2018; Atchison et al., 2015). While we did not interview MSW clients in our research, it is likely that arranging the conditions of the exchange before meeting would not only make the encounter more predictable and satisfying for the worker, but for the client as well. As suggested by Atchison et al. (2015), when both the worker and client know what to expect from the exchange, there is mutual benefit, the interaction can proceed more smoothly, and both can have their needs met in an environment that reduces the risk of disagreement or conflict.

Sex work can be viewed as similar to other kinds of contract work in which both parties want clear expectations about the parameters of the job. Ideally, the seller and buyer agree in advance on what specific services will be provided, under what conditions and time frame, and for what compensation in return. Using communications that occur through apps, texts, emails, and calls, sex workers have the opportunity to learn about potential clients and see if they are agreeable to adhering to certain conditions for the encounter and then be selective about which ones they will accept. While our participants were often open to satisfying a variety of client wishes, nearly all of them had some limits regarding what they would provide, whether it be sex acts, positions, or fulfilling more extreme fetishes, particularly those involving bodily fluids/excretions or pain.

Given the disproportionately high rates of HIV and STIs among MSWs (CDC, 2019; Nerlander et al., 2017; Verhaegh-Haasnoot et al., 2015), being able to set parameters in advance that can enhance sexual safety is particularly important. Consistent with some prior research with male escorts and online sex workers (Blackwell & Dziegielewski, 2013;

Parsons et al., 2004), many of our participants noted that their requirement for condom use was something they wanted to make clear through their profile page and/or their discussions in advance. Once at an exchange encounter, there may be greater reluctance on the part of sex workers to refuse a client a sex worker learns is insistent on CAS, because of the time and energy already invested and because of the risk the client will become angry and possibly verbally abusive or physically violent. However, as reported by some of our participants and in prior research (Bungay & Guta, 2018), agreeing on condom use before meeting does not guarantee that the client will not try to get the sex worker to reconsider CAS at the meeting or to try to discreetly remove the condom during activities. It's possible that some clients who want CAS agree to using condoms prior to the encounter in the hope or expectation that once the MSW took the time and effort to come to the meeting, he will not want to "lose the sale" and would risk his health by acquiescing to a request for CAS. Several participants who were adamant about confirming condom use ahead of time described clients who tried to "raw dog it" at the encounter, causing the participants to have to reassert their boundaries. These participants stated that they chose to lose clients even after having invested time and effort vetting them and going to the meeting, rather than risking their health with CAS. MSWs may benefit from interventions such as assertiveness training regarding their requirements to ensure their sexual health to enhance their abilities to effectively communicate by text or phone with potential customers. Additionally, they could benefit from similar training for in-person communications to reinforce their requirements as needed once at a meeting with the client.

Future research might investigate what strategies and means of communication are most effective in setting up the conditions of an exchange encounter. While texts are efficient, because messages are often brief and rely on acronyms or emojis, they may pose a greater risk of misunderstanding due to less detail than, for example, is communicated through telephone exchanges. The latter affords the opportunity for immediate back-and-forth conversation that allows the parties to clarify what is being said through follow-up questions and probing. Telephone calls also offer both parties the opportunity to hear the tone and inflection with which something is said, which can convey additional information. The client's communications may also provide clues regarding how forthcoming and truthful they are being. However, it is also true that for MSWs who find in-person discussions of personal health matters awkward or who feel they may be unable to be assertive in face-to-face encounters, communicating through apps or texts may be helpful when trying to ensure safer encounters.

Due to the nature of our semistructured interviews, participants were not systemically asked about each of the topics men in our sample wanted to discuss before meeting with clients; therefore we could not assess in a reliable way if there was any association between participant characteristics and topics discussed. Future quantitative research with MSWs should evaluate in a more systematic way (e.g., with forced-choice items asked of everyone in the sample) if MSW characteristics (age, income, education, time engaged in sex work) are associated with what workers want to discuss with clients before meeting. Such information could inform the development of interventions to help MSWs arrange safe encounters that could be tailored and targeted to specific subgroups of MSWs.

Despite providing insights into the experiences of MSWs who meet clients through dating/hookup apps, there are several limitations to our study findings. Because we used a convenience sample, the generalizability of our findings is limited, and we cannot assume our sample is representative of the full population of MSWs, even those who also primarily meet clients online. Also, this article reported on discussions that occurred on communication technologies such as apps, text messages, or phone calls, and therefore our findings are not generalizable to those MSWs who meet clients face to face (i.e., on the street or in clubs/bars). Finally, we recruited participants from a limited number of cities, and results may differ with MSWs recruited from other cities or from small towns, rural, or suburban areas. Additionally, data were self-reported and may have been subject to recall error.

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TABLE 1.Participant Characteristics (*N* = 180)

	<i>n</i>	%
Age group (in years)		
18 to 24	59	32.8
25 to 29	44	24.4
30 to 35	47	26.1
36 to 45	30	16.7
Race/ethnicity		
White, not Hispanic	68	37.8
Latino, any race	66	36.7
Black, not Hispanic	46	25.6
Born in the U.S.	155	86.1
Gender identity		
Cisgender man	170	94.4
Gender nonconforming	10	5.6
Sexual identity		
Gay/queer	154	85.6
Bisexual/pansexual/heterosexual/other/no label	26	14.4
Residence		
NYC	85	47.2
Washington, DC	23	12.8
Philadelphia	22	12.2
Chicago	19	10.6
Baltimore	9	5.0
Atlanta	10	5.6
Boston	6	3.3
Detroit	6	3.3
Education		
High school or less	31	17.2
Some college or associate's	59	32.8
Bachelor's	56	31.1
Graduate school	34	18.9
Student status		
Not currently in school	132	73.3
Currently in school	48	26.7
Personal annual income (from all sources) (<i>n</i> = 177)		
Under \$20,000	72	40.7
\$20,000 to \$59,999	72	40.7
\$60,000 or more	33	18.6
Number of clients in the past 3 months		
Mean	6.9	

	<i>n</i>	%
Median	4	
Interquartile range	3–7	

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