

MALE SEX WORK

Condition or Career?

by Philip Moore

In the minds of the masses, there are clearly two types of male sex workers. One is the homeless sixteen year old who lives on the streets of St. Kilda, and allows himself to be preyed on by middle age paedophiles. The other is the well groomed and manicured gigolo who entertains the bored matriarchs of the Toorak blue rinse set. Although these two stereotypes of the male sex worker do exist, they make up only a small part of a community that a lot of people don't realise exists. For the majority of male sex workers, these stereotypes are as far removed from their reality as the middle class attitudes that pigeon hole male sex workers into two such simple and divided camps. For these men, society's lack of knowledge of their situation and even their existence compounds the issues for the workers in a harshly judged and only partially legal industry.

For male workers, the issues are complex to say the least. The general community thinks only of women when it refers to the sex industry, when in fact one in five sex workers is male (Enquiry into Prostitution, Marcia Neave, 1985). This denial of their existence makes accessing services related to occupational health and safety services (including rape and medical services) somewhat more difficult for male workers than for their female counterparts. As a group of sex workers who have increased contact with the "gay community", most male workers have access to information on almost a daily basis about HIV and the high risk they are at. Despite this, male workers are scapegoated for the spread of HIV by the broader community. This is compounded by the attitudes of some female sex workers, who often link male workers more closely with the transmission of HIV than themselves.

For male sex workers, the stigma surrounding sex industry involvement is a burden on three different levels. First there is the primary judgement that it is immoral to provide sexual services in exchange for money or goods. Secondly, male workers are often presumed to be homosexual, regardless of their sexual preference and activity outside the work environment. This predominantly affects street based workers, who often face harassment and violence from Police and perpetrators of homophobic physical attacks. Finally, there is the attachment of AIDS related phobia, and the presumption of an HIV positive status as a male sex worker and assumed homosexual. The implications of these stigmas are internalised by many male sex workers, and can often result in confusion over sexual preference, lack of self esteem and a sense of isolation.

Generally, there is also a greater experience of grief relating to HIV within the male sex worker community than the female sex worker community. Male workers are more likely to have friends or lovers who are HIV positive, or who have died from AIDS related illnesses. Multiple loss is common, too, and this often compounds the issues of both grief and self identity. The Victorian Aids Council reports that such experiences

can result in men who have male to male sex engaging in HIV high risk behaviour, even to the point where men will seek (consciously or not) to become HIV positive.

The issue of rape and sexual assault is one that health professionals need to be aware of when dealing with male sex workers. In one year, the PCV got 22 reports of sex crimes against male sex workers, while the Police only received 7 such reports. Sexual Assault services are often reluctant to handle male survivors at the best of times, and when the client is a male sex worker this often introduces further prejudices and moral judgements on the part of the service provider. Male sex workers can experience the same fall out after sexual assault as women, however are less likely to adopt the role of 'victim/survivor'. As men are not supposed to be victims in our society, taking on these roles may cause confusion in relation to the victim/survivor's 'masculine' self image and sexuality. This further isolates male workers, reducing their likelihood to access or demand appropriate rape services.

When dealing with male sex workers, it is vital for health professionals to recognise the importance of encouraging safe sex practices in both work and non work sexual activity. According to STD Surveillance Reports issued by the AIDS Unit of the Victorian Health Department, to this day there is not one documented case of a sex worker in Victoria transmitting the HIV virus to a client, or vice versa. This clearly indicates that sex workers who are HIV positive have obtained the disease from IV drug use, or from sexual partners outside the work environment. It can be assumed that the majority of sex workers use safe sex practices when in a work situation, but some chose to engage in 'unsafe' sexual behaviours outside the work environment as there is, for them, a psychological link between condom use and sex work.

Due to societies judgemental view of the sex industry, and it's further moralistic condemnation of the male sex worker, men are often more reluctant than women to disclose their involvement in the sex industry. This is compounded by isolation, and in turn a lack of access to appropriate services. As a result, males may often be unaware of their legal position as sex workers, which may also cause reluctance to disclose. This in itself can be problematic for the health professional when assessing the needs of a patient who is a sex worker. It may be advisable (where possible) to inform patients of confidentiality practices among health professionals. It is apparent that laws surrounding the sex industry be carefully reviewed, and dramatic changes in present laws be instilled to overcome such problems. Moral judgements that are the grounding of present laws are Victorian in their approach, and are out of touch with the broader communities attitudes toward sex and sexuality. Present Laws not only discriminate against the worker, but also the clients who may have no sexual outlet other than to engage sex workers (the aged, physically disabled and mentally disabled are all classic victims to the moralistic stigma surrounding the sex industry). Are these clients to be denied the right to have intimate contact with another human because it is a business arrangement, and therefore 'immoral' and illegal?

The present Laws surrounding the sex industry also raise a number of issues in regard to basic health and occupational safety standards. Health and safety guide lines for brothels as set out in the Prostitution Regulation Act (1986) are often not met by owners and management, and the Health Department is not equipped to adequately police them. Workers often have to supply their own safe sex equipment, as condoms supplied by the

brothels have often passed their use by dates. Escort Agency management are also reluctant to have safe sex equipment and information to distribute to their staff as it can be presented in court as evidence that the owner is 'knowingly living off the earnings of prostitution'. Right across the industry, sick leave and work care are unheard of.

For a lot of male sex workers, the industry they were attracted to for the money keeps them there because of the job satisfaction. In order to do the the job properly, thus approaching the job as a career, workers have to have a great interest in all facets of the human psyche. Male sex workers need to have a deep sense of self love and pride so as not be be dragged down by the attitudes of the broader community. For it is only a dedicated professional who is at peace with themselves who can comfort and nurture the physical and emotional needs of others.