



Sexual Compulsivity Among Gay/Bisexual Male Escorts Who Advertise on the Internet

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This exploratory investigation sought to understand the relationship between sexual compulsivity and HIV sexual risk behaviors among gay/bisexual male escorts in New York City. While previous studies have sought to understand the sexual risk behaviors of male street hustlers, masseurs, and agency-based escorts, no published studies have examined gay/bisexual escorts who advertise for their sexual services via the Internet. Potential participants were identified through magazine advertisements, user profiles on a popular online service, and escort web sites and were sent an e-mail inviting them to call a project number for more information. Fifty men completed a face-to-face interview and quantitative instruments, which assessed HIV sexual risk behaviors with work and nonwork partners, sexual compulsivity, sexual sensation seeking, and a measure of self-confidence. Sexual compulsivity was associated with higher frequency of engaging in HIV sexual risk behaviors. Lower self-confidence and higher sexual sensation seeking were found to be associated with sexual compulsivity, accounting for 36% of the total variance. This study is one of the few quantitative examina-

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tions of HIV sexual risk behaviors among gay/bisexual sex workers who are escorts, and the first to examine escorts who rely on the Internet for advertising purposes. Implications and suggestions for future research and prevention programs are discussed.

Research on male sex workers (MSWs) has identified multiple categories of men who sell their sexual services to other men (Allen, 1980; Caulkins & Coombs, 1976; Weisberg, 1985). Typically, MSWs are divided into four subgroups. Street or bar hustlers actively seek out paying clients in the streets or in gay bars. These individuals may identify their sexual orientation as heterosexual, and provide sexual services to men as a means of obtaining money or drugs. Call boys are men with whom contact is made by a potential client by telephone in order to arrange for services (Allen, 1980). Call boys work through an agency or third party that acts as an intermediary and takes a portion of the fee as commission. Younger men who are supported by an older man in exchange for sexual contact are called kept boys or rent boys (Bloor, McKeganey, & Barnard, 1990; West & de Villiers, 1993). Finally, escorts are usually gay/bisexually-identified men who advertise their services in gay publications (Hickson, Weatherburn, Hows, & Davies, 1994; Lumby, 1978; Salamon, 1989).

Most research concerning the psychosocial and physical health of MSWs has focused on hustlers and rent boys (Hickson et al., 1994). Escort agencies providing MSWs for men have been in operation for nearly 20 years (Salamon, 1989), and individual escorts have been advertising their services as models, massuers, body workers, or escorts in magazines and newspapers targeting the gay community for just as long (Lumby, 1978). Further, with the prominence of the internet, advertising for commercial male-to-male sex workers has greatly increased. Escorts now have web sites, which include photos and descriptions of their services, and potential clients are able to e-mail these escorts or find them in popular Internet chat rooms.

It is likely that these escorts differ substantially from other types of MSWs. By the very nature of their work, they can be more selective about their clients, charge more for their services, and have greater control of their work schedule. Whereas hustlers risk arrest, potential for violence, and not being paid for services rendered, these problems are less likely to impact upon escorts (Calhoun & Weaver, 1996). It also is possible that HIV risk behaviors among escorts differ from those of other MSWs. Many studies have found that MSWs are more likely to use condoms during sex with clients, but less likely to use condoms with nonpaying partners (Browne & Minichiello, 1996; Estcourt et al., 2000; Estep, Waldorf, & Marotta, 1992; Hickson et al., 1994; Minichiello et al, 2000; Pleak & Meyer-Bahlburg, 1990; Ziersch, Gaffney, & Tomlinson, 2000). It is unclear whether escorts follow this same pattern.

Several studies have identified a relationship between sexual compulsivity and unsafe sex behaviors among both HIV seropositive (HIV positive) and seronegative (HIV negative) gay/bisexual men (Benotsch, Kalichman, & Kelly, 1999; Kalichman, Greenberg, & Abel, 1997; Kalichman & Rompa, 1995; Parsons & Halkitis, 2001; Quadland, 1985). These studies have shown that higher levels of sexual compulsivity were associated with a greater number of sexual partners; unprotected anal intercourse; unprotected oral intercourse; history of sexually transmitted diseases; and providing money, drugs, or a place to stay in exchange for sex. Sexual compulsivity among MSWs has not received substantial research attention, however one study found that providing sex in exchange for money, drugs, or a place to stay was not related to levels of sexual compulsivity (Benotsch et al., 1999).

Previous research has identified a history of childhood sexual abuse among MSWs (Bolton, Morris, & MacEachron, 1989; Carballo-Dieiguez & Dolezal, 1995; Elifson, Boles, & Sweat, 1993; Morse, Simon, Osofsky, Balson, & Gaumer, 1991), as well as among those who are sexually compulsive (Allers & Benjack, 1991; Allers, Benjack, White, & Rousey, 1993; Cooper, Scherer, Boies, & Gordon, 1999). Earlier research on prostitution has found that some MSWs try to block out the sexual experience with a client through dissociation, but some use the sexual experiences as a way to feel desirable and improve their self-esteem and self-confidence or to meet their needs for excitement, novelty, and sensation seeking (West & de Villiers, 1993).

Given the previous body of work, it is unclear how sexual compulsivity may be associated with sexual risk behaviors among male escorts. Further, it is unknown how child sexual abuse, self-confidence, and sensation seeking may be associated with sexual compulsivity and HIV sexual risk behaviors among gay/bisexual male escorts. In the current study, we hypothesized that sexual compulsivity, sensation seeking, and levels of self-confidence would be associated with HIV sexual risk behaviors with both work-related and nonwork sexual partners. Further, we expected that childhood sexual abuse would be related to levels of sexual compulsivity among our sample.

METHODS

Participants and Procedure

Data from 50 participants from the New York City metropolitan area were collected from August to October, 2000. The e-mail addresses of 535 potential participants were identified through advertisements in local gay publications, user profiles on a popular online service, and escort web sites. An e-mail describing the project was sent to these addresses, and men were invited to call to be screened for the study. Men were assured of confidentiality. Snowball sampling also was used in that the description of the project was posted on escort listservs by men who had completed the study. A total of

121 e-mail addresses were no longer valid or accepting e-mail. An additional 44 persons receiving the e-mail were found to have deleted the message without reading it (verified through checking the status of the e-mail messages). As a result, we can assume that 370 men read the invitation to participate.

Twelve men responded to the e-mail invitation and declined participation. A total of 54 men responded to the e-mail expressing interest or requesting additional information. A total of 60 phone calls were received, and of these 57 men were scheduled for in-person appointments. Seven men failed to show for their appointment. Some participants (8%, $n = 4$) called into the study to be scheduled after hearing about the project through friends who had already participated.

Men were screened by telephone to determine eligibility (self-identified as a gay or bisexual male, self-reported sex work in the past 90 days, and age greater than 18). Individuals who were interested and eligible were then scheduled for data collection. Participants provided informed consent and then completed a qualitative interview. Following the interview, participants completed a self-administered quantitative survey. Prior to the participant leaving, completed surveys were reviewed for missing data as well as for improbable or conflicting responses. Participants were asked to provide missing data or clarify responses as needed. Each participant received a total of \$75 for participating in the qualitative and quantitative surveys.

Materials

The data reported here were based on the quantitative surveys described above. The survey took approximately 30–60 minutes to complete and addressed a variety of factors. The following sections of the survey were utilized in the analyses presented in this paper.

SOCIODEMOGRAPHICS

Participants were asked to self-report their age, race/ethnicity, employment status, income, education, HIV status, and sexual orientation.

SEXUAL BEHAVIORS

Sex behaviors were assessed by asking participants to indicate the frequency of eight sexual behaviors in the three months prior to completion of the survey with both work-related and nonwork sexual partners. Frequencies were ascertained for each behavior with and without the use of condoms, and separately for HIV negative, HIV positive, and status unknown nonprimary partners among each partner type (work and nonwork).

SEXUAL SENSATION SEEKING AND SEXUAL COMPULSIVITY

These constructs were assessed using measures previously validated by Kalichman and his colleagues (Benotsch et al., 1999; Kalichman, Greenberg, & Abel, 1997; Kalichman & Rompa, 1995; Kalichman, et al., 1994). The Sexual Sensation Seeking Scale was originally derived from the scales developed by Zuckerman and his colleagues (1964, 1978). Items were originally constructed to reflect the four domains from Zuckerman's work: disinhibition, experience seeking, thrill and adventure seeking, and boredom susceptibility. Items were then refined by Kalichman and his colleagues (1994), based on interviews with culturally diverse gay men, in order to develop sexually related items with appropriate terminology. The scale includes items such as "I like wild uninhibited sexual encounters," "I am interested in trying out new sexual experiences," "I feel like exploring my sexuality," and "When it comes to sex, physical attraction is more important than how well I know a person." Previous studies have found the Sexual Sensation Seeking Scale to be internally consistent (alphas ranging from .75–.81), reliable (three-month test-retest coefficient = .73), and to possess convergent validity (Kalichman et al., 1994; Kalichman & Rompa, 1995).

The Sexual Compulsivity Scale was originally derived from a self-guide targeting those with self-identified sexual addictions (Carnes, 1991). The scale includes items such as "My sexual appetite has gotten in the way of my relationship," "I think about sex more than I would like to," "I have to struggle to control my sexual thoughts and behavior," and "I sometimes get so horny I could lose control." Previous studies have found the Sexual Compulsivity Scale to be internally consistent (alphas ranging from .86–.89), reliable (three-month test-retest coefficient = .80), and to possess convergent validity (Benotsch et al., 1999; Kalichman et al., 1994; Kalichman & Rompa, 1995).

Both of the scales used in the current investigation consisted of 10-items, which were rated by participants on 4-point Likert scales ranging from "not at all like me" to "very much like me." Psychometric analyses for the present sample indicated a Cronbach's alpha of .89 and .76 for Sexual Sensation Seeking and Sexual Compulsivity, respectively.

SELF-CONFIDENCE

Level of self-confidence was assessed using a scale developed by Deary, Bedford, and Fowkes (1995). The scale was originally designed to measure aspects of a dysfunctional personality and to distinguish these constructs from psychiatric symptoms. This low self-confidence scale has been identified as equivalent to instruments that measure self-esteem (Ingham, Kreitman, Miller, Sashidaran, & Surtees, 1986). The six items were each introduced by the phrase "How often have you felt this way in any type of relationship with other people during your life" and included items such as "I have been very unsure of myself." Each item was rated on a 5-point Likert scale ranging

from “never” to “all the time.” Cronbach’s alpha for the present sample was .80.

RESULTS

Participant Characteristics

The mean age of the participants was 31.76 ($SD = 6.27$) and ranged from 22–47. In terms of race/ethnicity, the sample included 35 White men (70%), 7 Latino men (14%), 5 African American men (10%), and 3 Asian/Pacific Islander men (6%). The majority of participants (82%, $n = 41$) identified as gay, while 18% ($n = 9$) identified as bisexual. A total of 17 men (34%) reported having a primary male partner or boyfriend. Overall, the sample was well educated, with 64% ($n = 32$) reporting at least a Bachelor’s degree. The median income range reported from sources other than sex work was \$10,000–\$19,999. The median income range reported from sex work was \$20,000–\$29,999.

In terms of HIV status, 80% ($n = 40$) reported testing HIV negative, 16% ($n = 8$) reported being HIV positive, and two participants (4%) reported never having been tested for HIV due to their belief that it was unnecessary because they had never engaged in receptive anal intercourse. Twenty-one (42%) of the participants reported a history of sexually transmitted disease other than HIV. A total of 13 men (26%) reported childhood sexual abuse.

The mean for the total sample on the sexual compulsivity scale was 19.24 ($SD = 6.89$). Mean scores on sexual compulsivity did not significantly differ by HIV status, ethnicity, or childhood sexual abuse. The mean score on the sexual compulsivity scale among the male escorts in our study is comparable to that found in other studies of homosexual males (Kalichman et al., 1994). Benotsch and his colleagues (1999) used a cutoff score of 24.26 on the sexual compulsivity scale to indicate “high sexual compulsivity” as this score was at the 80th percentile for their sample of HIV positive gay/bisexual men. Using the same cutoff for our sample of male escorts, a total of 16 men (32% of the total sample) would be classified as demonstrating “high sexual compulsivity.”

However, in their study of over 9,000 cybersex users, Cooper, Delmonico, and Burg (2000) reported a mean of 17.63 ($SD = 6.15$) for the same sexual compulsivity scale. This is lower than the mean for our sample. Cooper and his colleagues classified participants into categories of sexual compulsivity using cutoff scores for the Sexual Compulsivity Scale. Those with a score below 23.78 (one standard deviation above their mean) were classified as “Not Sexually Compulsive;” those with scores between 23.78 and 29.93 (between one and two standard deviations above their mean) were classified as “Moderately Sexually Compulsive;” and those with scores greater than 29.93 were classified as “Sexually Compulsive.” Using the same cutoffs for our

sample, 34 men (68% of our sample) would be classified as “Not Sexually Compulsive,” 13 men (26% of our sample) would be classified as “Moderately Sexually Compulsive,” and 3 men (6% of our sample) would be classified as “Sexually Compulsive.” In the cybersex users study, 83.5%, 10.9%, and 4.6% of participants were classified into the “Not Sexually Compulsive,” “Moderately Sexually Compulsive,” and “Sexually Compulsive” groups, respectively (Cooper et al., 2000). Comparing the samples from the two studies, it appears that more of the male escorts in our sample would be categorized as “Moderately Sexually Compulsive” and fewer of the male escorts would be classified as “Sexually Compulsive.”

Relationship between Sexual Compulsivity and HIV Risk Behaviors

Frequencies of HIV sexual risk behaviors with work and nonwork partners during the past three months are presented in Table 1. There were no significant differences in the frequencies of sexual risk behaviors between HIV positive and HIV negative participants, nor were there significant differences in the frequencies of sexual risk behaviors with work versus nonwork partners. Participants reported significantly more work related partners (Mean = 45.50, $SD = 43.27$), compared to nonwork partners (Mean = 24.20, $SD = 48.25$) in the past three months ($t(49) = 2.25, p = .02$).

Stepwise regression analyses were performed on the HIV sexual risk frequency data in order to identify the relative contributions of sexual compulsivity, sexual sensation seeking, and self-confidence. Sexual sensation seeking and self-confidence failed to enter into the final equations for all of the sexual risk behaviors. These regression analyses showed that sexual compulsivity was significantly related to the number of nonwork sexual partners ($R^2 = .16, p = .004$), the frequency of unprotected anal receptive sex to

TABLE 1. Unprotected Sexual Behaviors in the Past Three Months

	Range	Mean	<i>SD</i>
Work sex partners			
Number of partners	5–183	45.50	43.27
Oral receptive with ejaculation	0–50	2.92	8.57
Anal insertive with ejaculation	0–20	0.68	2.92
Anal insertive but no ejaculation	0–50	4.44	11.33
Oral insertive with ejaculation	0–100	7.08	15.38
Anal receptive with ejaculation	0–39	1.12	5.68
Anal receptive but no ejaculation	0–110	3.82	16.09
Casual partners			
Number of partners	0–335	24.20	48.25
Oral receptive with ejaculation	0–78	4.10	13.43
Anal insertive with ejaculation	0–30	1.78	6.53
Anal insertive but no ejaculation	0–36	3.64	7.98
Oral insertive with ejaculation	0–40	3.50	7.09
Anal receptive with ejaculation	0–210	4.94	29.70
Anal receptive but no ejaculation	0–155	5.58	22.47

the point of ejaculation with non-work partners ($R^2 = .12$, $p = .01$), the frequency of unprotected anal receptive sex to the point of ejaculation with work partners ($R^2 = .19$, $p = .001$), and the frequency of unprotected anal insertive sex to the point of ejaculation with work partners ($R^2 = .13$, $p = .009$). The predictive power of the regression analyses reported above was adjusted due to the small sample size.

Variables Associated with Sexual Compulsivity

The lack of a relationship between childhood sexual abuse and sexual compulsivity led us to examine whether our other psychosocial measures were associated with sexual compulsivity. Stepwise regression analyses were performed on the sexual compulsivity data to understand the relative contributions of sexual sensation seeking and self-confidence. Both variables—low self-confidence ($b = .821$, $p < .001$) and sexual sensation seeking ($b = .568$, $p = .001$)—were associated with sexual compulsivity and accounted for a total of 36% of the variance ($p < .001$).

DISCUSSION

Contrary to other studies (Allers & Benjack, 1991; Allers et al., 1993; Cooper et al., 1999), sexual compulsivity was not related to childhood sexual abuse in our sample of gay/bisexual male escorts. This could be the result of the small sample size. Although other studies of adult homosexual men have found that approximately one-third reported being sexually abused as children (Bartholow et al., 1994; Lenderking et al., 1997), in our study only 26% of the men reported such abuse. Again, this difference could be a result of our small sample size. An alternative explanation would be that, unlike other MSWs, male escorts are not likely to have experienced sexual abuse during childhood.

Although childhood sexual abuse was unrelated to sexual compulsivity in our sample, higher levels of sexual sensation seeking and lower levels of self-confidence were associated with greater levels of sexual compulsivity. As the self-confidence measure used in this study has been identified as comparable to measures of self-esteem (Ingham et al., 1986), this supports previous work that has found a relationship between self-esteem and sexual compulsivity (Benotsch et al., 1999; Kalichman & Rompa, 1995). Sexual sensation seeking also has been correlated with sexual compulsivity in other studies of gay men (Kalichman & Rompa, 1995). In a larger sample, a path analysis model would permit an understanding of whether or not sexual compulsivity mediates the effects of sexual sensation seeking and self-confidence on sexual risk behaviors. However, these data provide some indication that escorts who are more sexually compulsive engage in more acts of unprotected sex, and that the sexual compulsivity among these men is at

least partially related to their levels of sensation seeking and problems with self-confidence.

With regard to sexual risk behaviors, sexual compulsivity was related to anal sex acts with work and nonwork partners. Sexual compulsivity was not related to frequency of oral sex acts with either partner type. Specifically, with nonwork partners, sexual compulsivity was related to the frequency of unprotected receptive anal sex to the point of ejaculation. Thus, those escorts who are more sexually compulsive place themselves at greater risk of HIV infection, HIV reinfection (in the case of HIV positive escorts), or infection with a sexually transmitted disease, with their nonpaying partners. These nonpaying partners may represent “steady” or primary partners, in which the risk of infection is either known or negotiated.

With work partners, however, sexual compulsivity was related to the frequency of unprotected anal receptive and anal insertive sex to the point of ejaculation. This suggests that escorts who permit the exchange of semen during anal sex acts with their clients are more sexually compulsive than those escorts who do not. As such, sexually compulsive escorts appear to be in need of prevention efforts, to prevent transmission of HIV among HIV positive escorts and their paying and nonpaying partners, and to prevent HIV or STD infection among HIV negative escorts. Few behavioral interventions have targeted gay/bisexual male escorts, although one recent study suggests that a peer education program for escorts may be feasible (Ziersch et al., 2000).

As is the case with any study of self-reported high risk behaviors, the responses of the participants must be viewed with caution as they may not truly be estimates of the sexual behavior we sought to understand. The cross-sectional design and small sample size also limit our ability to draw causal conclusions. The sample consisted of gay/bisexual male escorts who consented to participate in a research project, and may not be representative of the larger population of gay/bisexual men who advertise their sexual services on the Internet. Further, it is not possible to evaluate from these data whether or not gay/bisexual male escorts are more sexually compulsive than other gay/bisexual men, due to the absence of a comparison group.

Implications

In summary, our findings provide an initial understanding regarding the role of sexual compulsivity in the sexual risk behaviors of this understudied group of MSWs. Based on our data, it appears that intervention efforts for gay/bisexual male escorts should address issues of sensation seeking and self-confidence, as a way to impact upon sexual compulsivity. Interventions should target both unprotected sex with paying partners, as well as unprotected sex with nonpaying partners. Further research studies are needed to more clearly understand the unique needs of these men, as well as to ascertain the types of behavioral interventions that would be suitable to them. Such men may

not be interested in traditional programs typically offered to gay/bisexual men (e.g., small groups, individual counseling, programs focused on condom use). Instead, new behavioral intervention approaches, perhaps utilizing the Internet, may be required to engage the attention of these particular MSWs. Alternatively, a multifaceted model incorporating psychotherapy, relapse prevention, and pharmacologic approaches (Coleman, 1991) may be necessary in order to address issues of sexual sensation seeking, self-confidence, and sexual compulsivity among gay/bisexual male escorts.

It is unclear how much more sexually compulsive men in our sample are compared to others. There exist no agreed-upon cutoff scores at which point a person would be classified as “sexually compulsive” based on their score on the Kalichman instrument. More clinical work and research in the area of sexual compulsivity will be necessary before there is an acceptable assessment instrument to “diagnose” sexual compulsivity.

REFERENCES

- Allen, D. (1980). Young male prostitutes: A psychosocial study. *Archives of Sexual Behavior, 9*, 399–426.
- Allers, C. T., & Benjack, K. J. (1991). Connections between childhood abuse and HIV infection. *Journal of Counseling and Development, 70*(2), 309–313.
- Allers, C. T., Benjack, K. J., White, J., & Rousey, J. T. (1993). HIV vulnerability and the adult survivor of childhood sexual abuse. *Child Abuse and Neglect, 17*(2), 291–298.
- Bartholow, B. N., Doll, L. S., Joy, D., Douglas, J. M., Bolan, G., Harrison, J. S., Moss, P. M., & McKirnan, D. (1994). Emotional, behavioral, and HIV risks associated with sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect, 18*, 747–761.
- Benotsch, E. G., Kalichman, S. C., & Kelly, J. A. (1999). Sexual compulsivity and substance use in HIV-seropositive men who have sex with men: Prevalence and predictors of high-risk behaviors. *Addictive Behaviors, 24*(6), 857–868.
- Bloor, M., McKeganey, N., & Barnard, M. (1990). An ethnographic study of HIV-related risk practices among Glasgow rent boys and their clients: Report of a pilot study. *AIDS Care, 2*, 17–24.
- Bolton, F.G., Morris, L.A., & MacEachron, A.E. (1989). *Males at risk: The other side of child sexual abuse*. Newbury Park, CA: Sage.
- Browne, J., & Minichiello, V. (1996). The social and work context of commercial sex between men: A research note. *The Australian and New Zealand Journal of Sociology, 32*(1), 86–92.
- Calhoun, T. C., & Weaver, G. (1996). Rational decision-making among male street prostitutes. *Deviant Behavior, 17*(2), 209–227.
- Carballo-Diequez, A., & Dolezal, C. (1995). Association between history of childhood sexual abuse and adult HIV-risk sexual behavior in Puerto Rican men who have sex with men. *Child Abuse and Neglect, 19*(5), 595–605.
- Carnes, P. (1991). *Out of the shadows*. Minneapolis, MN: CompCare.

- Caulkins, S. E., & Coombs, N. R. (1976). The psychodynamics of male prostitution. *American Journal of Psychotherapy, 30*, 441–451.
- Coleman, E. (1991). Compulsive sexual behavior: New concepts and new treatments. *Journal of Psychology and Human Sexuality, 4*, 37–52.
- Cooper, A., Delmonico, D. L., & Burg, R. (2000). Cybersex users, abusers, and compulsives: New findings and implications. *Sexual Addiction & Compulsivity, 7*, 5–29.
- Cooper, A., Scherer, C. R., Boies, S. C., Gordon, B. L. (1999). Sexuality on the internet: From sexual exploration to pathological expression. *Professional Psychology: Research and Practice, 30*(2), 154–164.
- Deary, I. J., Bedford, A., & Fowkes, F. G. R. (1995). The personality deviance scales: Their development, associations, factor structure and restructuring. *Personality and Individual Differences, 19*(3), 275–291.
- Elifson, K. W., Boles, J., & Sweat, M. (1993). Risk factors associated with HIV infection among male prostitutes. *American Journal of Public Health, 83*, 79–83.
- Estcourt, C. S., Marks, C., Rohrsheim, R., Johnson, A. M., Donovan, B., & Mindel, A. (2000). HIV, sexually transmitted infections, and risk behaviours in male commercial sex workers in Sydney. *Sexually Transmitted Infections, 76*(4), 294–298.
- Estep, R., Waldorf, D., & Marotta, T. (1992). Sexual behavior of male prostitutes. In J. Huber & B. E. Schneider (Eds.), *The social context of AIDS* (pp. 95–112). Newbury Park, CA: Sage.
- Hickson, F., Weatherburn, P., Hows, J., & Davies, P. (1994). Selling safer sex: Male masseurs and escorts in the UK. In P. Aggleton (Ed.), *Foundations for the future* (pp. 197–209). London: Taylor and Francis.
- Ingham, J. G., Kreitman, N. B., Miller, P. M., Sashidharan, S. P., & Surtees, P. G. (1986). Self esteem, vulnerability, and psychiatric disorder in the community. *British Journal of Psychiatry, 148*, 375–378.
- Kalichman, S. C., Greenberg, J., & Abel, G. G. (1997). HIV-seropositive men who engage in high-risk sexual behaviour: Psychological characteristics and implications for prevention. *AIDS Care, 9*(4), 441–450.
- Kalichman, S. C., Johnson, J. R., Adair, V., Rompa, D., Multhauf, K., & Kelly, J. A. (1994). Sexual sensation seeking: Scale development and predicting AIDS-risk behavior among homosexually active men. *Journal of Personality Assessment, 62*(3), 385–397.
- Kalichman, S. C., & Rompa, D. (1995). Sexual sensation seeking and sexual compulsivity scales: Reliability, validity, and predicting HIV risk behavior. *Journal of Personality Assessment, 65*(3), 586–601.
- Lenderking, W. R., Wold, C., Mayer, K. H., Goldstein, R., Losina, E., & Seage, G. (1997). Childhood sexual abuse among homosexual men: Prevalence and association with unsafe sex. *Journal of General Internal Medicine, 12*(4), 250–253.
- Lumby, M. E. (1978). Men who advertise for sex. *Journal of Homosexuality, 4*(1), 63–72.
- Minichiello, V., Marino, R., Browne, J., Jamieson, M., Peterson, K., Reuter, B., & Robinson, K. (2000). Commercial sex between men: A prospective diary-based study. *The Journal of Sex Research, 37*(2), 151–160.
- Morse, E. V., Simon, P. M., Osofsky, H. J., Balson, P. M., & Gaumer, H. R. (1991). The male street prostitute: A vector for transmission of HIV infection into the heterosexual world. *Social Science and Medicine, 32*, 535–539.

- Parsons, J. T., & Halkitis, P. N. (2001, March). *Sexual and drug using practices of HIV+ men who frequent commercial and public sex environments*. Paper presented at the Society for Behavioral Medicine annual convention: Seattle, WA.
- Pleak, R. R., & Meyer-Bahlburg, H. F. (1990). Sexual behavior and AIDS knowledge of young male prostitutes in Manhattan. *Journal of Sex Research, 27*(4), 557–587.
- Quadland, M. C. (1985). Compulsive sexual behavior: Definition of a problem and an approach to treatment. *Journal of Sex and Marital Therapy, 11*, 121–132.
- Salamon, E. (1989). The homosexual escort agency: Deviance disavowal. *British Journal of Sociology, 40*(1), 2–21.
- Schwarz, N. (1999). Self-reports: How the questions shape the answers. *American Psychologist, 54*(2), 93–105.
- Weisberg, D. K. (1985). *Children of the night*. Lexington, MA: Lexington Books.
- West, D. J., & de Villiers, B. (1993). *Male prostitution*. New York: Harrington Park Press.
- Ziersch, A., Gaffney, J., & Tomlinson, D. R. (2000). STI prevention and the male sex industry in London: Evaluating a pilot peer education program. *Sexually Transmitted Infections, 76*(6), 447–453.
- Zuckerman, M., Eysenck, S., & Eysenck, H. J. (1978). Sensation seeking in England and America: Cross-cultural, age, and sex comparisons. *Journal of Consulting and Clinical Psychology, 46*, 139–149.
- Zuckerman, M., Kolin, E. A., Price, L., & Zoob, M. (1964). Development of a sensation seeking scale. *Journal of Consulting and Clinical Psychology, 28*, 477–482.