While many people believe sex should be performed in private settings, such as at home, there is nothing inherently private about the act of sex, and some people choose to have sex in public places. Public sex can occur in a variety of environments, whether they are commercial and regulated or illicit and unregulated. The purpose of some commercial sex establishments, particularly sex clubs and bathhouses, is to provide a regulated public environment for people to engage in sex in exchange for an admission fee. Businesses such as adult theaters and adult bookstores can have a secondary role as venues for sex. In some adult theaters, people engage in sex while watching erotic movies, and adult bookstores may have booths where people have sex.

Public sex is also common in other settings whose primary purpose is unrelated to sex and where such activity may be unregulated and illegal. These locations include public restrooms, parks, secluded parking lots, roadside rest stops, beaches, streets and alleys, and dance clubs. In addition, sex can occur at private parties, such as “circuit parties,” which are often elaborate, predominantly gay, dance parties.

For many people, public sex offers the opportunity to remain relatively anonymous by having sex with partners they do not know and with whom they do not intend to have any further contact. In public sex environments, people often exchange little or no information about themselves, which can leave them unaware of a partner’s HIV or other sexually transmitted disease (STD) infection status.

Because there is relatively little research on the subject, it is impossible to attribute any set of characteristics to people who participate in public sex. Most available studies focus on public sex behaviors, the influences motivating people to engage in such activities, and the potential HIV risks. Although most research concentrates on gay and bisexual men, people of any sexual orientation and gender may participate in public sex, whether they are single or in relationships.

**Different Environments and Behaviors**

Each public sex environment has its perceived advantages and disadvantages. People may prefer...
one sex environment over another because of personal tastes, the particular dynamics of meeting other people, and the rules and legality of engaging in public sex in the environment. Some sex clubs, bathhouses, and other establishments are cleaner and more well-lit than others, have access to bathrooms or other washing facilities, or may provide free access to condoms, lubrication, latex gloves, and other accessories. In environments where condoms are not easily accessible, such as parks or public restrooms, there is a greater chance of people engaging in unprotected sex.

In public sex environments, there is usually little time for safer sex negotiation among partners. Some commercial public sex establishments regulate the type of sex they allow by requiring patrons to sign membership agreements to comply with certain rules, which often stipulate that all sex be protected. Some people prefer these venues because the amount of negotiation required to have safer sex is minimal. Others prefer less restrictive sex environments, such as public restrooms or parks; however, these places may be more conducive to unprotected sexual behavior and, consequently, HIV transmission.

Many people prefer sex clubs and bathhouses because engaging in sex is illegal in most other public places. For people who are gay, bisexual, lesbian, or transgender there can be an added risk of becoming the target of homophobic hate crimes in unregulated public sex environments. Although this danger is usually considered a disadvantage, some people find the possibility of physical harm, arrest, and discovery to be consciously or subconsciously alluring.

One study reports that, among people who have sex in public restrooms, the most common behaviors are voyeurism, masturbation, mutual masturbation, and oral sex. Of these, only oral sex poses a risk for HIV infection, although this risk is relatively low. Adult bookstores, restrooms, sex clubs, and bathhouses are potential sites for “glory holing,” a form of oral sex in which the insertive partner places his penis through a hole in a wall with the receptive partner on the other side of the wall. A study examining the sexual behaviors of non-gay identifying men who have sex with men found that oral sex and mutual masturbation occurred more frequently than anal sex in adult bookstores and public restrooms.

Some people may engage in public sex under the influence of alcohol or other drugs, which can affect their decision-making process, lower their inhibitions, and potentially increase their chances of having unprotected sex. In a study of men who frequent bathhouses, researchers found that some patrons perceived the bathhouse as a drug-use setting. Another study found that HIV-infected gay or bisexual men who frequent public sex environments reported greater substance use than those who do not.

Each public sex environment has its own culture and customs. Social dynamics, norms, and peer pressure at public sex venues can influence sexual activity. In the culture of bathhouses, for example, the primary modes of communication between partners are non-verbal, such as eye contact, hand gestures, or other body language. This “code of silence” can allow people to maintain anonymity, despite placing themselves at risk for HIV infection. A study examining communication among men engaging in anal sex in bathhouses found that patrons generally believed the insertive partner to be responsible for initiating condom use, but, because of the code of silence, receptive partners were often reluctant to bring up the subject and, as a consequence, engaged in unprotected sex.

**Attractions of Public Sex**

The desire to remain anonymous is a common reason for engaging in public sex. For some people, anonymity creates a more comfortable atmosphere in which there is little expectation between partners to disclose personal information, such as names, ages, past sexual experiences, and HIV status.

Anonymity is often important for men and women who identify as heterosexual but engage in homosexual sex. This is especially true for married men who identify as heterosexual but have sex with men. Engaging in anonymous public sex allows people to explore their homosexual desires while being reasonably certain that spouses, friends, or family members will not find out. For homosexuals or bisexuals who are beginning to realize their sexual orientation, the anonymity of public sex environments can provide a sense of safety while offering opportunities for sexual exploration.

In sex clubs, bathhouses, and, less frequently, circuit parties, public sex can serve as a form of social expression, particularly for gay and bisexual men who may feel empowered and validated in the presence of others who share similar sexual interests. In addition, some women go to lesbian-orient-
ed sex clubs to find a sense of community and to meet other lesbians. Some people consider these venues to be the only places where being openly gay, bisexual, or lesbian seems acceptable.

For many people, the attraction of public sex is the relative ease with which they can obtain sex. Because the primary purpose of attending a public sex venue is to have sex, the chances of finding a willing partner are greater than in most other environments. In this manner, the public sex atmosphere reduces some people’s fear of rejection and increases their chances of immediate sexual gratification. Similarly, the variety of potential sex partners can also be enticing. In addition, some heterosexual couples may attend public sex venues to find a male or female “third” partner with whom to have sex.

Participating in public sex can also be a way for people to have sex without becoming involved in a relationship. In one study, at least 70 percent of predominantly gay and bisexual men who had sex in public restrooms—also known as “tearoom sex”—reported that they did not consider public sex to be an important way to meet new friends, regular partners, or long-term partners. The commitment between public sex participants is often minimal, as are the obligations, emotional attachments, expectations, or demands on a person’s time or resources. Other than the price of admission to commercial sex establishments, public sex is often inexpensive or free.

Although some people may view public sex as an activity primarily for those who cannot obtain sex otherwise or are unable to maintain a steady relationship, research suggests that this is often not the case. One study found that 57 percent of predominantly gay or bisexual men who engaged in tearoom sex were involved in a primary sexual relationship, and 87 percent had at some time been involved in a relationship for at least six months. For people in primary relationships, public sex can offer an alternative way to have sex. Some people feel a need to have more sex than their relationships offer, and they may consider public sex to be a relatively easy way for having sex without threatening their primary relationship.

Partners in “serodiscordant” relationships—in which one partner is HIV-infected and the other partner is uninfected—may go to public sex venues hoping to find people of the same HIV status with whom to have unprotected sex, which they may view as less restrictive than the protected sex they have within their relationships. In addition, people who are less able to engage in sexual activity than they once were—perhaps because of their medications or because they are in an advanced stage of HIV disease—may encourage their partners to pursue sexual satisfaction elsewhere, and public sex environments are possible outlets.

Motivational Factors Influencing Men Who Have Sex with Men in Public Bathrooms

<table>
<thead>
<tr>
<th>Factor</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not at All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enjoy it sexually</td>
<td>63%</td>
<td>33%</td>
<td>4%</td>
</tr>
<tr>
<td>Excitement or thrill</td>
<td>57%</td>
<td>31%</td>
<td>12%</td>
</tr>
<tr>
<td>Anonymity</td>
<td>46%</td>
<td>38%</td>
<td>16%</td>
</tr>
<tr>
<td>No commitment to partner</td>
<td>35%</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td>Only place available to have sex</td>
<td>9%</td>
<td>19%</td>
<td>72%</td>
</tr>
<tr>
<td>To find a long-term partner</td>
<td>8%</td>
<td>15%</td>
<td>77%</td>
</tr>
</tbody>
</table>


Some people who engage in public sex may underestimate or dismiss their risks for HIV infection because of the way they perceive their partners, themselves, their circumstances, or their specific sexual behavior. People’s perceptions can inspire them to act on a false sense of security, which can place both their partners and themselves at risk for infection.

Young men sometimes express a sense of adolescent invincibility, which often includes a belief that HIV affects only older people. One study found that 49 percent of gay men between the ages of 18 and 25 reported meeting sex partners at public parks, beaches, adult bookstores, or bathhouses. In an Australian study of gay and bisexual men between the ages of 15 and 21 who had engaged in unprotected anal intercourse within the preceding six months, 24 percent had done so with “anonymous” partners, and roughly one in ten of their unsafe encounters took place at a public restroom or park.

Men who identify as heterosexual but have unprotected public sex with men may not consider themselves to be at risk for HIV infection because they perceive HIV to be a disease that affects only gay people. Some of these men may understand the risks associated with “gay sex” but fail to recognize...
In environments where condoms are not easily accessible, such as parks or public restrooms, there is a greater chance of people engaging in unprotected sex.

their behavior as such.\textsuperscript{5}

A person’s perception of HIV risk may also be influenced by where he or she lives. In a study of rural injection drug users and gay and bisexual men, participants tended to believe that they were not at risk for infection because they perceived HIV as an urban disease. Participants also reported traveling to urban areas and having unprotected anal sex in public sex environments and other settings. By engaging in such behaviors, these people could become potential links for HIV transmission between their urban and rural partners.\textsuperscript{14}

**HIV Prevention**

Although it is often difficult to obtain funding for outreach in non-commercial public sex environments, HIV prevention advocates sometimes place posters and stickers promoting safer sex and HIV education in restrooms and other locations.\textsuperscript{2} Laws in some communities prohibit all forms of public sex, including commercial sex enterprises. In these areas, HIV prevention advocates may try to develop relationships with police departments and other civic leaders to cooperate in educating public sex participants about the health risks associated with unsafe sex and, in some instances, distribute condoms, dental dams, and lubrication.\textsuperscript{15}

Research indicates that the most effective public sex HIV prevention campaigns target people when they are about to have sex.\textsuperscript{16} Although it may not be possible to implement this prevention strategy in unregulated public sex venues, such as beaches and rest stops, anecdotal reports suggest that it has yielded positive results in commercial sex establishments.\textsuperscript{1} Many bathhouses and sex clubs have structured safer sex programs, on-site HIV education coordinators, and on-site HIV and STD testing.\textsuperscript{16}

In a nationwide study of 63 bathhouses and sex clubs, 100 percent provided patrons with condoms, 95 percent displayed informational posters and flyers about HIV, and 79 percent offered various special events promoting safer sex.\textsuperscript{17}

**Implications for Counseling**

Test counseling approaches are generally similar whether a client has sex in a public or private environment: focus on the client’s risk behaviors, reasons for these, the client’s stage of behavior change, and ways the client might change behaviors. It is important, however, to know about public sex and its context, and to be able to assess if clients have sex in such environments. There are distinct risk-related issues that may arise for a client who has sex in public as opposed to private settings. Public sex poses increased risk for sexually transmitted diseases (STDs), which may result from differences in the ways partners negotiate safer sex and in the dynamics of sexual relationships. Engaging in public sex can also potentially involve legal risks.

**Clients’ Value of Public Sex**

Because of the societal stigma often attached to public sex, clients may be unwilling or hesitant to acknowledge engaging in it. A client may also experience stigma related to other aspects of his or her public sex activity. For instance, a client who identifies as heterosexual but engages in sex with men in public bathrooms may feel that, regardless of the setting, his behavior is unacceptable because he is having sex with men. Despite social stigma, public sex may be important in clients’ lives, and, in some communities, it may be an accepted and even a supported element of a person’s sexual experience.

Clients may value public sex for many reasons. For instance, public sex can allow the opportunity for sexual expression for someone who is uncomfortable meeting people in other ways, or who might feel less physically safe or less able to negotiate for safer sex in a private setting. Some people value public sex because they have no other place in which to have sex. A gay man, for instance, may live with parents, siblings, or roommates who do not approve of his relationships with other men and do not allow him to bring men into the home. For others, having sex in public symbolizes sexual freedom, and for people who enjoy having sex with multiple partners, public sex may be the most convenient way to do this.

In some cases, sex in public can be more accessible than in other settings. In rural communities, for instance, areas of a public park where gay men gather, often for the purpose of having sex, may be the only place for men to meet other men. In this way, engaging in public sex may be a way for two people to meet in order to develop an ongoing relationship that extends beyond public sex.

Some people may not want to engage in public sex but do so
because it is available, because of peer pressure, or because they do not see any other options. Some clients who have found pleasure in public sex in the past may now want to have sex in other environments but are unable to meet people in other ways. The fact that having sex in public often requires relatively little effort may, in some cases, spur a compulsive pattern of engaging in public sex behaviors.

Client-centered counseling requires that counselors understand the benefits that clients might experience in having public sex and support clients in their decisions to do so. At the same time, counselors should consider the possibility that engaging in public sex might pose problems for clients. Ask clients to discuss their feelings about the sex they are having, both in public and in private, the role that sex has in their lives, and their level of comfort with this role.

**Dynamics of Public Sex Environments**

The characteristics of sexual relationships in most public sex environments are significantly different from characteristics common to sex in private settings. In many public sex environments, such as sex clubs and bathhouses, sex with multiple partners is common and the duration of sex can be especially long. Although receptive oral sex with one partner is likely to end or pause after ejaculation, a sex session could last far longer in a setting in which there are several partners. Drug use or the emotional “rush” that a person may experience in a public sex environment may further extend the length of sex. This may cause a person to lose sight of adhering to his or her goals dictating which behaviors are personally acceptable.

Be aware that clients may have safer sex with some partners and unsafe sex with others. Although they may have engaged in oral sex with several people in public sex environments, some clients may consider as sex partners only those with whom they reached orgasm.

**Assessing and Exploring Risks**

To assess a client’s risk, ask about behaviors in public sex environments, the number of partners a client typically has in any specific public sex episode, the length of these episodes, and if the client engages in different behaviors based on whether the setting is public or private. For instance, does the client become less focused on refraining from certain risk behaviors over the course of a single visit to a public sex environment? If clients are aware of such things, help them think of ways to make changes, such as setting a time limit on how long they allow themselves to stay in a public sex venue. Another approach is taking “timeouts” from having or pursuing sex. During these time outs, they can retreat by themselves to a place—for instance, to their car if they are in a public park—where they can review a previously written statement about behaviors in which they will and will not engage.

Because of the multiple sex partners a person might have in a public sex environment, the probability of having contact with someone who has an STD is significant.

**A Counselor’s Perspective**

“I never knew about public sex before I became an HIV counselor. Although I still have some judgments about it, I don’t let them interfere with my counseling work, and I recognize that public sex can play an important role in some people’s lives.”

It can be especially helpful for a counselor to emphasize STD risks, including the risks from oral sex. For instance, people who have sex in environments where oral sex is particularly common may believe they are not at risk because they do not engage in anal sex. Explain the risks of oral sex, both with and without ejaculation. Although the risks of HIV infection from oral sex are generally considered to be low, the risk is much higher for other STDs, such as chlamydia, gonorrhea, and genital herpes. In addition, ongoing receptive oral sex with multiple partners may cause sores and abrasions in the mouth, which increases the infection risks for HIV and other STDs.

**Negotiation**

A person who is unassertive or naive about public sex environments may have difficulty negotiating boundaries and limits in these settings. For this reason, the test-counseling session can be a valuable place to discuss such dynamics with clients who are interested in having sex in public.

In many public sex environments, non-verbal communication may be the accepted way to negotiate whether or not to have sex with someone and, if so, which risks to accept. Although it can be acceptable for one person to touch another person’s nipples, genitals, or anus without consent, it is also
acceptable for someone to remove another person’s hand or to move away. It is important for clients to recognize that their presence in a public sex venue does not mean that they must engage in sex or allow contact with anyone.

Ask clients if they believe there are non-traditional ways to negotiate with partners in public sex settings. A person might plan beforehand to personally apply a condom to every partner or to always hand a condom to a partner and then watch to make sure this partner applies it. Although the client might be comfortable whispering into a partner’s ear a request that he not ejaculate during oral, vaginal, or anal sex, clarify that such a statement may not be respected. In addition, remind clients about basic tips such as the importance of maintaining good oral hygiene.

It may be useful to help the client decide which risks are acceptable and to present potential scenarios in which these limits might be challenged. Setting personal limits is a form of self-negotiation. This can include such things as placing limits on the number of sex partners during a single visit or on how long to engage in a certain behavior. Recognize that adhering to such guidelines can be difficult, especially in situations where constant sexual expression pervades the environment.

Clients may want to establish different guidelines about personally acceptable behaviors for both public and private settings. For instance, a client might be willing to engage in oral sex when having sex with one partner at home but not in public or commercial sex environments. Masturbation may be the only behavior a person allows for him or herself in public.

Some commercial sex environments have clear codes of acceptable behavior. This can be valuable if these codes are consistent with a client’s values, and if the establishment enforces its codes. However, one or both partners may not know these codes, or each may assume the other does and therefore allow the other to dictate behavior.

If a client states that he or she has witnessed unsafe sex and wants to join in such behavior, learn more. In further discussion, a client may reveal, for example, that he or she has never had unprotected anal sex and would like to have that experience. The counselor can affirm the client’s desire, assess his or her understanding of risks, and explore the possibility of experiencing unprotected anal sex while minimizing the risks of HIV infection. One way of making this possible is in the context of a long-term, monogamous relationship in which partners are aware of each other’s HIV status. Learn if the client desires such a relationship, and, if so, what he or she would need to do to achieve this.

When Public Sex is Troublesome

The issue of public sex in a client’s life may be more complex than whether or not it is a source of pleasure. For instance, some clients may state that they enjoy public sex and later say that they are disappointed with the lack of intimacy in their lives. This lack of intimacy may be perpetuated by the sexual relationships clients have in public sex environments, but they may not recognize this.

Ask such clients if they see any reasons public sex might affect intimacy in their lives. Some clients may say they want to be in a relationship, but their sex partners are

References

not interested in them other than for having sex. Counselors can help these clients consider how they might meet people in a way that is less likely to initially involve sex and if they are interested in this. This intervention might include working with the client to develop communication skills for introducing him or herself to and having a conversation with unknown people. For clients who no longer want to engage in public sex but struggle with implementing this goal, make referrals for appropriate resources.

A client might experience shame about having public sex because of its social stigma. When counselors suspect this is the case, they can point this out and explore how the client feels in general about engaging in stigmatized behavior. Make sure clients are aware that there may be legal risks when having sex in certain environments. Clients may, for instance, believe that having sex in a public setting is legal or poses little risk of prosecution if other people are doing it. When clients downplay or do not recognize their legal risks, explain that an arrest can lead to time in jail, lengthy legal proceedings, a prison sentence, high costs for legal representation and fines, a permanent criminal record, and negative publicity in the community. In addition, some people who have been confronted by police in public sex environments have faced verbal and physical harassment, in some cases merely for being in an environment that a law-enforcement authority considers to be “suspect.”

Counselor Feelings about Public Sex

Some counselors may have preconceived judgments about public sex. However, it is important to understand that, although there are various risks, public sex venues may provide participants with supportive and creative outlets for exploring their sexuality, for developing sexual skills, and for trying new behaviors, all of which may not be feasible in monogamous relationships. According to the tenets of client-centered counseling, the goal of the HIV test counselor working with clients who engage in public sex is not to persuade them to stop having public sex; it is to persuade them to do it as safely as possible.
Test Yourself

Review Questions

1. In which of the following settings can public sex occur? a) public restrooms; b) sex clubs; c) adult bookstores; d) all of the above.

2. True or False: Only gay and bisexual men engage in public sex.

3. True or False: People who engage in public sex only do so because they cannot maintain relationships or find sex elsewhere.

4. True or False: Some people who engage in unprotected public sex may feel they are not at risk for HIV and other STDs.

5. True or False: Public sex is legal everywhere in California.

6. Which of the following is a common form of communication between partners in public sex environments? a) hand gestures; b) eye contact; c) body language; d) all of the above.

7. True or False: Some sex clubs and bathhouses require patrons to sign contracts agreeing to practice protected sex.

8. True or False: When people engage in public sex, they always place themselves at high risk for HIV infection.

Discussion Questions

1. How can counselors assess for the presence of any judgments they might have about clients who engage in public sex?

2. How can counselors address and suspend any judgments they might have about clients who engage in public sex?

3. How can counselors appropriately raise the subject of the environment, whether public or private, in which a client engages in sex?

4. How can counselors respond to clients who believe that public sex does not offer the levels of intimacy they desire but do not see any options for establishing more meaningful relationships?

5. What harm reduction intervention might be appropriate for a client who has a history of engaging in unprotected receptive anal sex and unprotected receptive oral sex in public sex environments?

6. How might a counselor respond to a client who says he or she values public sex but has concern about being arrested for engaging in it?

7. How can counselors learn more about public sex in general and public sex that occurs in their area?

Answers

1. d.

2. False. Both men and women of different sexual orientations, ages, and socioeconomic backgrounds engage in public sex.

3. False. There are many reasons why people engage in public sex.

4. True.

5. False. In California, public sex is illegal in unregulated locations, such as truck stops, public restrooms, and parks. Public sex is sometimes legal in commercial sex establishments, such as sex clubs and bathhouses.

6. d.

7. True.

8. False. Certain public sex activities, such as mutual masturbation and oral sex, do not place people at high risk for HIV infection, even in the absence of protection.
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