ABSTRACT

This article examines the social and cultural factors that influence the vulnerability of female exotic dancers to sexually transmitted infections. Results are based on a qualitative, exploratory study using observations in 10 clubs and in-depth interviews with 30 dancers in southern Ontario. The social and cultural context within which exotic dancing takes place contributes to a chronic state of sexual harassment and sexual assault in the strip clubs. Women are pressured by economics and by their customers to engage in sex for pay. The defence mechanisms that some women use to deal with these work conditions also contribute to women's vulnerability. The social structure of strip clubs and their policies toward employees and customers can either reduce or exacerbate the vulnerability of dancers. Workplace policies and health and safety standards appear to be the most effective ways to decrease the vulnerability of dancers. Public health units can work with employers and dancers to establish workplace policies and programmes that contribute to the health and wellbeing of dancers.

ABRÉGÉ

Cet article examine les facteurs socioculturels qui influencent la vulnérabilité des danseuses exotiques aux infections transmissibles sexuellement. Les résultats sont basés sur une étude exploratoire qualitative à partir des observations recueillies dans 10 clubs et lors d'entrevues approfondies avec 30 danseuses dans le sud de l'Ontario.Le contexte socioculturel entourant la danse exotique contribue à un état chronique de harcèlement et d'agression sexuels dans les clubs de strip-tease. Des pressions d'ordre économique et de la part des clients s'exercent sur les femmes pour qu'elles acceptent des relations sexuelles en échange d'argent. Les mécanismes de défense que certaines femmes utilisent pour faire face à cette situation accentuent également leur vulnérabilité. La structure sociale des clubs de strip-tease et leurs politiques envers les employés et les clients peuvent soit réduire soit exacerber la vulnérabilité des danseuses. Les politiques en milieu de travail et les normes de santé-sécurité semblent être les moyens les plus efficaces de diminuer la vulnérabilité des danseuses. Les services de santé publique peuvent travailler avec les employeurs et les danseuses pour mettre en place des politiques et des programmes en milieu de travail qui contribuent à la santé et au bien-être de ces dernières.

Social and Cultural Vulnerability to Sexually Transmitted Infection: The Work of Exotic Dancers

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In 1996 the Strategic Plan of UNAIDS[1] turned attention to concerns with vulnerability to HIV infection. Unlike risk, which is linked to individual behaviours and behaviour change, vulnerability extends into the realm of social and cultural factors that shape and form the circumstances of people's lives, thereby influencing their likelihood of exposure to health threats. The study on which this article is based arose from concern about the vulnerability to HIV infection of a particular occupational group, female exotic dancers. A review of the literature produced no studies addressing prevalence or risk of sexually transmitted infections (STIs) in this population. There was, however, evidence of potential points of vulnerability, including high rates of alcohol consumption, use of illegal drugs, and sexual contact with customers.[2-5]

Estimating the number of women working in exotic dancing is difficult since this is not an occupational category that appears in national labour force studies. However, an impression of numbers in this occupation can be derived from the licences issued in jurisdictions where exotic dancing is licenced. In 1997 there were 2,478 dancers in Toronto, approximately 400 dancers in Windsor, and 375 dancers in Hamilton. Though some dancers hold licences in several cities, these numbers do provide a partial estimate of the size of the population under consideration.

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METHODS

Between June 1995 and February 1998, an exploratory study of female dancers was conducted using observations (10 clubs) and in-depth interviews (30 dancers). Bars and dancers were selected using non-probability purposive sampling to maximize diversity in the sample.[6]

Field research teams of 2 to 4 people spent 2 to 3 hours per field excursion to the clubs diagramming club layouts and observing the work and interactions of dancers, customers, and other club staff. Interviews were conducted in locations chosen by the dancers and lasted 1 to 4 hours. Topics included: demographic characteristics, occupational history, work, work environment, interpersonal and sexual relationships, sexual history, substance use, home and leisure, and health concerns.[7] Interviews were transcribed verbatim, coded and analyzed thematically.

In qualitative research, sampling strategies are used which maximize the diversity of participants to insure that a wide range of experiences are available for analysis. While this strategy facilitates elaboration of the phenomenon of interest, it precludes drawing generalizations about frequencies or prevalence. To prevent readers from drawing invalid conclusions, qualitative research reports avoid using numbers or a quantitative vocabulary in reporting results. We followed this procedure in this paper with one exception: we refer to the percentage of women who reported histories of STIs, drawing tentative comparisons with the general population.

This study was reviewed by the Ethics Committee of the University of Windsor. The identities of all participants were protected by removing names and other iden-

tifying information from interview transcripts.

RESULTS

Strip clubs and exotic dancing

The role of exotic dancers is to attract customers to strip clubs to spend money on alcohol and tip them for their performances. Dancers may perform three forms of dance: stage shows, table and lap dances. The proximity of dancer and customer and the degree of privacy of the dance vary with each form of dance. While stage dances are performed in public view, table and lap dances may be performed in either public or more private areas of the club (VIP rooms). The cost of private dances varies depending on the club, the degree of privacy of the dance, and the degree of proximity negotiated between dancer and customer. While a "no touch" rule exists for stage and table dances, this rule is not in place for lap dancing.

Lap dancing involves the dancer grinding her genitals against the man, often to the point of his ejaculation. Although the 'basic' lap dance may cost the same as a table dance, dancers reported that a lot more money could be earned by providing sexual services (e.g., masturbation, oral sex, sexual intercourse) for their customers. Introduced to strip bars in Ontario in the 1990s, lap dancing has been the subject of a series of legal challenges.[8,9] The continuation of lap dancing is tied to court rulings, municipal legislation, and club management preference.

Exotic dancers

The women in this study ranged in age from 18 to 42 years.[10] Their dancing careers had lasted from less than 1 to 22 years and ranged from dancing in one club to international experience; half had performed as lap dancers. Our sample included women who worked in other occupations before or in conjunction with dancing (e.g., street prostitution, escort work, waitressing, clerical work, and jobs in casinos, fitness centres, or factories, social and legal services). All had some high school, some held college diplomas, and others were college or university students. Some women interviewed supported only themselves, others supported significant others or children. Participants included women who were single, divorced, married or in long-term relationships.

The experiences of women who work in 'biker bars' and those brought to Canada on work visas to work as exotic dancers are not represented in this study. These women were excluded because of difficulties of access, which could not be overcome within the limitations of this project.

Sexually transmitted infections

Since STI symptomatology may not be obvious in women, self-reports are known to underestimate their incidence and prevalence. When this is taken into consideration, the self-reports of the women we interviewed provide considerable cause for concern. Thirty-five percent of women in this study reported histories of STIs, most typically gonorrhea (10%) or chlamydia (20%). Only one woman became symptomatic during her dancing career. However, since her symptoms were those of a human papilloma virus infection, which can be asymptomatic for extended periods of time, we cannot be certain that her infection was connected to dancing. Despite the cautions that are necessary when drawing generalizations from self-reports in purposive samples, these results suggest that something in the lives of exotic dancers makes them more vulnerable to STIs than the general population of Canadian women 20-29 years of age (e.g., 0.05% of Canadian women have had gonorrhea and 5.2% chlamydia[11]).

Although dancing itself does not place women at risk for STIs, when dancing extends to direct sexual contact with customers, dancers are at risk for infection. Dancers reported dealing with this risk by using condoms with customers.[12] Condoms, however, were rarely used with boyfriends. As with other commercial sex workers,[13-15] and as evidenced in reported rates of STIs predating dancing careers, the risk to dancers appears to be from regular partners rather than customers.

Although these women knew how to protect themselves from infection during vaginal or oral sex, there were no guidelines available for sexual risk and safety related to the circumstances of their jobs. Dancers believed their exposure to risk came from genital contact with vaginal secretions of other dancers left on props, furniture, and clothing, and with ejaculate deposited either on clothing or directly on their own genitalia during lap dancing.

> *So halfway through the song, like no warning, you know, you're sitting on their lap and all of a sudden you're wet.*

Social and cultural factors contributing to vulnerability

The cultural stereotyping of exotic dancers as sexually 'easy' and available contributes to dancers' vulnerability to risk of STIs. The stereotype allows men to see dancers as legitimate prey for sexual harassment and assault.[16] Sexual harassment included degrading comments, gestures, attempts at sexual touching, and sexual propositions. Assault ranged from the touching of breasts and genitals, 'poking' fingers into vaginas, attempts to pull dancers onto exposed penises, and holding dancers down and attempting penetration. Dancers reported having to maintain a persistent state of watchfulness in order to protect themselves from assault.

Stalking, harassment and assault extended beyond the strip clubs and were perpetrated by customers, employers and landlords, who expected sexual favours because the women worked as exotic dancers. Reports of these incidents to police rarely resulted in investigations, the typical police response being, "What do you expect, you're a dancer?"

Defence mechanisms

Alcohol or drugs helped dancers to "deal with" the harassment, "the pain," their "nerves," or to "loosen up," "get that buzz," or "bring out the dancer persona." Women reported alcohol lowered their inhibitions, enabling them to act in ways they could not when sober, and raising their tolerance for the treatment they received while working. Women who drank, however, became more vulnerable to voluntary or involuntary sexual contact by customers.

> *...your inhibitions are down and you tend to get closer and to put up with more... That scares me because I don't want to cross that line [not allowing any touch].*

For some women, drugs, rather than alcohol, provided them with an altered consciousness that allowed them to "get through the night." While drug consumption was usually restricted to marijuana, there were also reports of cocaine, hallucinogens, ecstasy, amphetamines, and heroin. Not only were drugs a way of coping with dancing, dancing was also a potential avenue to drug use. Whether drug use increased vulnerability to STIs depended upon whether it lowered the women's inhibitions and watchfulness, and whether the drug costs led dancers to engage in sexual activities to maximize their revenue. Due to the money made available through dancing, none of the women who injected drugs reported sharing needles, or lacking the resources to obtain new ones.

Not all dancers were 'sexually promiscuous,' heavy drinkers, or drug users. Women who were not involved in these activities typically reported they derived "a lot of pleasure" from their work and felt that it contributed to their self-esteem and economic well-being.[17] All the women interviewed, however, experienced the cultural stereotyping and stigmatization of exotic dancers. As a result, dancers often hid their occupation from others, splitting their lives and identities in two to reduce the impact of the stigma on the 'real self.'

> *I wear a disguise, a wig and clothes that are only for dancing. And I was very careful to get a job in a club that's 100 km away from home, someplace where no one I know would ever go.*

While such tactics helped dancers to live what they referred to as a "normal life" outside the strip clubs, it also helped them ignore or deny risks associated with their work. This denial made them vulnerable to the unexpected and unanticipated, such as assaults by customers, or their own 'slippage' across the boundary between exotic dancing and prostitution.

Social and economic influences on vulnerability

The income structure of exotic dancing, with money earned primarily through tips from customers, encourages women to take risks, crossing the boundary between dancing and sex for pay, in order to increase earnings. The economic power of the customer also contributes to women's vulnerability, with profits for both dancers and clubs dependent on customers. As a result, bouncers may be encouraged by club management, dancers, or high-tipping customers to "look the other way" rather than restrict sexual contact between dancers and customers.

The social structure of strip clubs can either contribute to the well-being of dancers or increase their vulnerability. Vulnerability is lower in clubs without private areas, where 'no touch' rules are enforced, and where support and protection are provided for dancers. Vulnerability is greatest in clubs that encourage physical contact and have private rooms where sex for pay can be negotiated.

The introduction of lap dancing into Ontario strip clubs has also contributed to dancers' vulnerability. Dancers report that lap dancing has increased customer's expectations of sexual contact. Although a recent court ruling banned lap dancing from the public areas of strip clubs,[8,9] lap dancing continues to occur in the more private areas of some clubs, where sexual contact and assault are most likely to occur. The continued presence of these spaces and this form of dance results in both a persistent pressure on dancers to cross the boundary between visual entertainment and physical, sexual contact, and customer expectations that they can expect more than visual stimulation.

CONCLUSIONS

The social and cultural context of exotic dancing and strip clubs produces an environment that heightens the vulnerability of dancers to exposure to STIs, including HIV. Dancers in this study fit two profiles with respect to probable vulnerability. The first profile is comprised of women who are immersed in the strip club environment and who report histories of drug use, regular, heavy alcohol consumption, street prostitution and/or dating and sexually servicing club customers. For some women, fast, easy money from exotic dancing became fast, 'easier' money from sexual services. Although they claimed consistent condom use in commercial encounters, high rates of STIs as a result of their private relationships suggests an inability to consistently avoid infection in all areas of their lives. For some, the clubs where they worked contributed to their vulnerability. Private rooms and the expectations of managers or owners made it easy for customers to pressure for sex and for dancers to provide it.

The second profile is comprised of women who did not appear to be at risk for STIs. Their sexual histories included a smaller number of often long-term partners and little or no alcohol or drug use. These women created and maintained clear personal boundaries between dancing and their personal and social lives, and between dancing (which they did) and sexual contact with customers (which they did not do).[18]

The two groups of dancers who did not participate in this study may represent a third profile. The sparse research literature on women in biker gangs,[19] and the observations of study participants with respect to the women on work visas, suggests that prostitution may be a regular part of their work. Further research focusing on these groups is needed before any conclusions can be drawn.

What is clear from this research is that although exotic dancing can be an occupation with little risk of STIs, the social and cultural context of exotic dancing and strip clubs can contribute to vulnerability to infection. Where club policies are supportive of dancers, provide protection against harassment and assault, keep dancing in the public areas of the club, and enforce 'no touch' rules, vulnerability is low. This finding suggests that workplace policies and health and safety standards, rather than legislation, are an effective way to decrease the vulnerability of dancers to STIs.[18] At least two health units in southwestern Ontario have already become involved in bringing about such changes.[20] Community health nurses have spent time in clubs talking with dancers and owners, developing a relationship of trust and a coalition with dancers to provide programmes that target their health concerns. Programmes have included hepatitis C vaccination within the clubs, informal counselling, and an information 'hot line.' Such

initiatives illustrate the role of health units in addressing the needs of women working in this occupation.

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