



# HHS Public Access

Author manuscript

*Women Health*. Author manuscript; available in PMC 2016 July 01.

Published in final edited form as:

*Women Health*. 2015 July ; 55(5): 595–611. doi:10.1080/03630242.2015.1022812.

## Exotic Dance in Baltimore: From Entry to STI/HIV Risk

Pamela S. Lilleston, PhD<sup>a</sup>, Jacqueline Reuben, MHS<sup>b</sup>, and Susan G. Sherman, PhD<sup>b</sup>

Pamela S. Lilleston: plillest@jhsph.edu

<sup>a</sup>Johns Hopkins Bloomberg School of Public Health, Department of Health, Behavior and Society, 624 N. Broadway, Baltimore, MD 21205, Phone: (732) 778-1043

<sup>b</sup>Johns Hopkins Bloomberg School of Public Health, Department of Epidemiology, 615 N. Wolfe Street, Baltimore, MD 21205

### Abstract

Research has documented health risks associated with sex work, but few U.S. studies have focused on the exotic dance industry. We undertook to describe the factors that influenced women's entry into exotic dance and explored the relation of these forces to their subsequent Sexually Transmitted Infection (STI)/HIV risk trajectory. Qualitative interviews (N=25) were conducted with female exotic dancers from June through August, 2009. Data were analyzed through *Atlas-ti* using an inductive approach. Economic vulnerability was the primary force behind women's initiation into the profession. Drug use, physical abuse, and enjoyment of dancing were often concurrent with economic need and provided a further push toward exotic dance. Social networks facilitated entry by normalizing the profession and presenting it as a solution to financial hardship. Characteristics of exotic dance clubs, such as immediate hire and daily pay, attracted women in a state of financial vulnerability. Women's motivations for dancing, including economic vulnerability and drug use practices, shaped their STI/HIV risk once immersed in the club environment, with social networks often facilitating sexual risk behavior. Understanding the factors that drive women to exotic dance and influence risk behavior in the club may assist in the development of targeted harm reduction interventions for exotic dancers.

### Keywords

exotic dance; HIV; sexually transmitted infections; sexual risk behavior

### Introduction

Exotic dance is a ubiquitous and legal form of sex work. In the United States, the industry comprises approximately 4,000 exotic dance clubs earning an estimated 15 billion dollars per year (Hanna 2005; Hubbard et al. 2008). Services available in clubs range from stage dancing with no physical contact to vaginal and anal intercourse which is illegal in most contexts (Maticka-Tyndale et al. 2000; Maticka-Tyndale et al. 1999; Authors, 2011; Wesely 2003; Kay 1999). Although women often enter the profession with more rigid sexual

boundaries, overtime they may compromise them for greater financial gain (Wesely 2003; Barton 2007).

While the act of dancing itself does not place women at risk for contracting sexually transmitted infections (STIs), including HIV, the more direct sexual contact that may occur in the context of dancers' interactions with clients does. Numerous studies have demonstrated that female sex workers are at heightened risk of acquiring STIs/HIV compared to women in the general population (Rekart 2005) and that the riskiness of the sex exchange varies based on a range of individual (e.g. drug and alcohol use), social (e.g. norms surrounding condom use), and structural (e.g. sex work venue) factors (Maticka-Tyndale et al. 1999; Rekart 2005; Authors 2011).

Structural vulnerability, in particular, has been shown to increase an individual's risk for contracting STIs. Social and economic disadvantages in the form of unemployment, poverty, housing instability, substance use, and incarceration have all been independently associated with heightened STI risk (Jennings et al. 2012; Kilmarx et al. 1997; Cohen et al. 2000; Thomas and Gaffield 2003; Cohen et al. 2003). Combined, these factors may pose an even greater threat. Some studies suggest an "additive" effect of socio-economic vulnerability in which a person's likelihood of participating in sexual risk behavior increases with each additional disadvantage she experiences (German and Latkin 2012, 2012; Hatch 2005; O'Leary 2001). This is particularly salient in the occupation of sex work, where the accumulation of socioeconomic vulnerabilities may limit women's alternative job opportunities and their ability to manage STI risk within a given sex exchange (Rekart 2005; Vanwesenbeeck 2001),

A woman's motivation for entering the exotic dance industry may be an important predictor of her risk for STIs/HIV once immersed in the exotic dance club environment. Financial need has consistently been documented as a primary motivation for women's entry into exotic dance and encompasses a spectrum of circumstances including dire poverty, the need for money to pay for school, and the desire for a more affluent lifestyle (Ronai and Ellis 1989; Sweet and Tewksbury 2000; Thompson and Harred 1992; Wesely 2003). More distal psychosocial influences such as sexual and physical maturity at a young age, early independence from family, childhood abuse, and the lack of a father figure may also influence women's conceptualization of dancing as a viable job opportunity (Ronai and Ellis 1989; Wesely 2003; Tewksbury 2000).

Women's reasons for entry into the exotic dance industry may shape their subsequent choices regarding selling sex inside the club. Recent literature suggests that each negotiation is shaped by a range of social and economic considerations and that a dancer's agency within these exchanges may be constrained or strengthened by her unique life circumstances (Authors 2012; Authors 2011; Deshotels and Forsyth 2006). Understanding how the social and economic context influences women's entry into exotic dance and how these motivations shape their subsequent sexual negotiations with customers may be an important step towards reducing their risk for STIs/HIV. We explored these issues within the context of The Block in Baltimore, MD. Located just a few blocks from Baltimore's Inner Harbour, The Block is the city's hub for exotic dancing. It consists of approximately twenty exotic

dance clubs, bars, and adult-entertainment establishments clustered on a two-block strip. Known for high levels of drug use and sex work and situated in a city disproportionately affected by STIs including HIV (CDC 2011, 2011), The Block is a high-risk environment for STI/HIV transmission. Our previous quantitative research with dancers on The Block (N=98) found that 43% had sold vaginal, anal, or oral sex in a club in the past three months. Additionally, 23% of dancers reported using condoms inconsistently for oral sex, 16% for vaginal sex, and 37% for anal sex (Authors 2011). The specific aims of the current study were to document the factors that influence women's entry into exotic dance on The Block and to understand how these forces shape their subsequent STI/HIV risk trajectory.

## Methods

From June through August 2009, we conducted 25 in-depth individual interviews with female dancers on The Block. Sampling of dancers was largely opportunistic, but efforts were made to attain variation in race, age, and primary club of employment among study participants. To gain access into the clubs, we developed relationships with doormen and club managers over a period of several months. Once granted entrance to the clubs, we engaged with bartenders, dancers, and clients through informal conversation, explaining who we were and the purpose of our work. Potential participants were either approached individually by a study staff member in the club or on the street outside the club, or were referred to the study by staff from the Baltimore City Health Department's Needle and Syringe Exchange Program, which provides services on The Block one night per week. Inclusion criteria for this study consisted of being 18 years of age or older, currently or formerly employed on The Block, and demonstrated articulateness and willingness to talk. If a dancer was deemed eligible and willing to participate, the purpose of the study was explained to her, and informed consent was obtained orally. All women approached were eligible to participate in the study, and approximately 75% agreed to be interviewed.

Interviews were conducted in cars, private areas in the strip clubs, and in the Baltimore City Health Department's Needle Exchange Program van by three trained female interviewers in their mid to late 20s. Interviews were semi-structured and facilitated through the use of an interview guide. Interviews lasted 30 to 75 minutes and explored the dancer's history of working on The Block, the physical and social environment within the clubs, policing practices on The Block, and drug use and sex within the clubs. Topics on the interview guide progressed from less to more sensitive; however, interviewers were permitted flexibility to probe relevant topics as they arose naturally in conversation.

All interviews were tape-recorded, transcribed verbatim by an external transcription company, and checked for accuracy by the interviewers. Participants were compensated \$25 in cash for their time. The study was approved by the Johns Hopkins Bloomberg School of Public Health Institutional Review Board.

Data analysis was conducted using deductive and inductive approaches whereby themes were developed a priori based on the interview guide and emerged from the data itself. To minimize biases that could arise from a single researcher's perspective, the three study authors were all involved in the coding process. The authors created a draft-coding scheme

based on a cross-section of three interviews using an open coding method. Topics were identified then grouped into larger themes. To ensure consistency, three additional interviews were coded based on the new coding scheme and transcripts were compared. A final coding scheme was developed upon consensus then used by a single author to code the remaining interviews. Transcripts were then entered into the qualitative data analysis software, Atlas.ti version 5.0 (Scientific Software Development 2012) and coded to categorize texts across interviews. Data were analyzed for recurring themes, concepts, and terms. When new themes arose during the coding process, they were discussed amongst the study team then added to the coding scheme. Analytical memos were created throughout the coding process to reflect on emergent themes and discussed among the study team. The paper writing process was informed by frequent consultations with the study team.

## Results

Participants ranged from 19 to 42 years in age, with a median age of 24 years. They self-identified as White (44%), African American (44%), and mixed race/ethnicity (12%). Dancers reported having worked on The Block from two months to 25 years with a median length of 4.6 years. The median number of clubs in which they had ever worked was five (range: 1-25). Seventy-two per cent of participants reported having at least one child.

Women described a combination of predisposing and enabling factors, which led them to exotic dancing. Predisposing factors were characteristics of the woman or her situation that made her inclined to enter the exotic dance industry. Economic vulnerability, combined with a perceived lack of alternative opportunities, was the primary driving force behind most women's initiation into the profession. Sources of financial need varied. Among women with children, the obligation to provide material support served as an additional push toward entering exotic dance. Drug use, physical abuse, and enjoyment of dancing were often concurrent with economic need and provided a further push to work in a club. Enabling factors were forces exogenous to the woman that facilitated her entry into the industry. Social networks facilitated entry by normalizing the profession and presenting it as a solution to financial hardship. The unique characteristics of exotic dance clubs as a place of employment, such as being hired on the spot and paid daily, attracted women who were in a state of financial vulnerability.

### Predisposing Factors

#### Economic Vulnerability

I have no money. I have no job. So I started working down here. (27 years old, dancing 4 years)

The vast majority of participants (96%) initiated exotic dancing during a period of financial vulnerability. For many dancers, economic deprivation combined with a perception of limited alternative opportunities created a pathway toward a profession they had not previously considered an option. Several participants turned to dancing after losing a job. Others were employed elsewhere but found that the low wages were insufficient to pay for basic necessities.

Although less frequent, a few women first began to dance as a means to pay college tuition or support themselves while in school. Women who had children often perceived exotic dance as their only viable option for supporting their family. Some participants gave up less lucrative career paths to provide for their children better. As one woman recalled,

I actually had been going to school for nursing and I was already a CNA and I mean ...this was not even in my objective for life but now I'm drug into it so. I had to quit school. I ended up having four kids. So I had to quit and provide for my family. (24 years old, 7 years dancing)

**Promise of a Better Life**—Regardless of their financial situation upon entry, all participants were drawn to exotic dance by the promise of greater wealth and a better quality of life. Many dancers perceived exotic dancing as an opportunity to alleviate economic distress. As one dancer explained,

[My cousin] came out [of the club] with money and paid her rent and gas and electric. and then she let me borrow a couple of dollars which was like \$200 which was like nothing to her. And I was like, okay, wow, I can do this. (36 years old, 11 months dancing)

Others saw the strip club as a source of wealth and status, viewing dancing as a pathway to a high-class lifestyle. This sentiment is embodied in one dancer's description of her first interaction with a female club manager:

Like she used to be a dancer and she worked her way up... she had like a boob job, and like she has her own house and she supports her kids, and, you know, she has, you know, her own cell phone, and she shops all the time, and all that stuff. (23 years old, 6 years dancing)

**Drug Use**—For about a third of women interviewed, drug use played a pivotal role in their initiation of dancing. Some women described resorting to exotic dance as a desperate solution for funding their drug addictions. When asked why she began dancing, one woman replied, “I had a heroin habit and bills to pay, and there it was. I came down one day, tried it, made so much money, it was addicting” (28 years old, 9 years dancing).

Beyond creating the financial motivation to dance, drug use could also limit the alternative job opportunities available to women. Some dancers found that more traditional occupations were incompatible with their drug addiction. As another dancer described:

My [drug] habit had got a lot worse and I had really no other option so I started cocktail waitressing in a strip club. Well, I got fired from there because I was going to the bathroom too much, and some of the girls were suspecting that I was getting high. So my best friend ... she started dancing down here on The Block. So, I started dancing at another strip club for about a week, and then I eventually came down to here, and it was pretty much because I was forced into it because I had no money, and this was the only job that I could work, actually, you know, I can't work at a normal job or wake up in the morning or anything like that... I used to be like completely against it but, when you start using drugs, it's, like, everything that

you were against is completely out of, you know, the way now and it's just, you know? (22 years old, 3 years dancing)

**Abuse**—Although much less frequent among participants, but often concurrent with economic need, abusive situations pushed women toward exotic dancing. Participants described entry into exotic dancing as both a form of abuse and escape from it. One dancer described being forced into stripping for the first time by a physically abusive partner:

I actually was forced into it. My husband beat me. I was married for seven years, and he beat me into making money for him. He was very abusive.... He had a drug problem. So his means of income was for me to make money, and he knew that I could make money dancing. So he brung me down here to The Block. (24 years old, 7 years dancing)

Another participant came to dancing after fleeing an abusive family environment:

My mom, she fell in love with some man. He was an alcoholic, and he was a drug user...and he kept beating up on my mom. So I got tired of it, so I ran away from home; because I'm the oldest. I ended up down here on The Block. (40 years old, 25 years dancing)

**Enjoyment of Dancing**—Last, a few dancers reported initiating work at exotic dance clubs because they wanted to be performers or enjoyed dancing. In one case, a participant recalled wanting to be an exotic dancer from a young age:

“I used to see, you know, El Dorado as a club on TV at night sometimes. So I thought, ‘I want to be a dancer.’ I've been wanting to been a dancer since I was 14” (27 years old, 8 years dancing).

## Enabling Factors

**Peer Influence**—Initiation into exotic dancing was most often facilitated by members of women's social networks. The majority of women interviewed reported being first introduced to the profession by a close female friend or family member who danced herself and presented the job as a viable solution to financial hardship. As one dancer described, this process was sometimes initiated by the participant herself, “I didn't, like, have any money, and I had, you know, I had my kid or whatever, and I asked my friend-- my friend worked down here, and she brung me down here with her” (21 years old, 2.5 years dancing). However, more often, the friend or family member reached out to the participant first. Another dancer recalled the circumstances around breaking up with her fiancé,

Things had got bad, and he was paying all my bills and stuff. So once I kicked him out... I was like, “S---. How am I going to pay my bills now?” And my cousin, she dances, and she came and told me, “You should came down to the club with me because you can make some money real quick.” And it was like right before the 1<sup>st</sup> when I had to pay rent, so I was like, “Okay.” (Age missing, 2.5 years dancing)

The introduction to dancing through social networks often served the additional purpose of normalizing the profession, thereby giving women the confidence that they too could dance. As one participant recounted,

“I used to go to the club with [my best friend] while she was working and drink and everything, like just drink while she was working. I used to see girls dance and see them making money, so I was like, I can make some money too” (19 years old, 2 years dancing).

**Clubs' Employment Practices**—The payment structure and hiring practices in strip clubs accommodated the needs of women whose life circumstances required “fast money” and flexibility. The frequent practice of immediate hire allowed women to obtain a job the same day they walked into the club. The majority of clubs on The Block were not highly selective when it came to hiring dancers. The main criteria for employment were being over 18 years of age and willing to strip. At least one woman interviewed began dancing without having her age verified. Having lost all forms of identification, she found that a strip club was the only place that would hire her without an ID.

I had just moved back to Maryland and had lost everything on the way up here. All of my identification, my social security card, everything. And a friend of mine who had been down here before me working, told me that they would allow me to work for up to a week without any ID, but after that I had to get an ID. And can't get a job nowhere without an ID. So I was like, “All right.” I wouldn't normally do it, but I was like I'm gonna do something, because I needed the money, I needed my ID, I needed to get a job. So I came down, and they hired me. (25 years old, 7 years dancing)

Many dancers noted that the clubs' payment system, which paid dancers after each shift, was a primary attraction of working at the exotic dance club. When asked what drew her to exotic dance, one dancer summarized this sentiment:

“I guess just quick money. Basically that's it, just the money. I just needed a job quickly and something where I could get paid daily” (27 years old, 1 year dancing).

Another dancer described the club's flexible schedule as an additional benefit:

“We need money, and a job-- we need a job where we can come and go as we please, pick our own days and that's what's great about dancing” (33 years old, 4 years dancing).

### From Entry to STI/HIV Risk

Sex work was a frequent practice in clubs on The Block, usually taking place in a private back room or basement. Participants in our study reported a range of services provided to clients including manual stimulation, oral sex, and vaginal and anal intercourse. Clients could be one-time customers or more committed – frequently buying sex from the same dancer.

Many of the same factors that predisposed women to exotic dancing and facilitated their entry into the profession also made them more vulnerable to engaging in sexually risky behavior once immersed in the club environment.

**Economic Vulnerability**—Financial incentives were the primary reason that women, often reluctantly, crossed their own sexual boundaries in exotic dance clubs. A dancer quickly learned that her earnings were directly proportional to the level of sexual activity in which she engaged. Dancers who perceived themselves as being economically deprived or in a state of financial crisis described the feeling of having no choice but to participate in high-risk sexual behavior:

Some guys offer you a lot of money, and it's like, "S---!" And when you need that money... it's just for myself in this predicament, like being down here where I'm in a predicament where guys offer me a lot of money to do something. And s---, when you need that money, and it's like that much money like that, it's like, "All right."  
(21 years old, 2.5 years dancing)

A woman's level of economic vulnerability could also influence how often and for how much money she was willing to exchange oral, vaginal, or anal sex with clients.

I use to get pissed off when girls like, "Oh f--- that, I ain't going to take that. That's not enough money." When your mother f---- lights supply is cut off when you're in a f---- up situation any b---- can go for cheap. Any b---- can take a mother----- short. And if a dancer says she won't, she's a f----- liar. (27 years old, 8 years dancing)

Although most dancers reported consistently using condoms during sexual intercourse with clients, irrespective of the amount of money offered for unprotected sex, a few participants expressed regret, recalling the rare situations in which additional financial incentive from a client convinced them to exchange sex without a condom.

They're like, "Come on [participant's name], you know, here's \$300.00, suck me without a damn condom." So there's-- actually there's been like four times... and that was like I think a couple of months ago, maybe like three months ago, that's when it happened. And there was a period where I was like doing it for extra money, and within the past like two months I have not done it, and I'm-- and I always think to myself like what the f--- was I thinking? (23 years old, 6 years dancing)

**Drug Use**—Dependence on drugs could further heighten dancers' vulnerability to STI/HIV transmission within the strip club. Funding a drug habit served as motivation for risky sexual behavior. When asked whether she had ever exchanged sex without using a condom, one dancer responded that she had, reasoning:

I was so caught up in getting high, and it was all about the money, you know? It was just all about the money because I needed money to get high, and I needed more drugs and, you know, I've done it a couple times with a few people. (22 years old, 3 years dancing)



Drugs could also impair dancers' judgment regarding what constituted risky sexual behavior. Another dancer explained,

“I know b----- that will f--- raw. I ain't going to say-- I ain't going to sit there and say that I haven't before. I've done it. But that's because of being on drugs, man.... I was high as s---. I let a customer do it once” (27 years old, 8 years dancing).

**Peer Influence**—Although often introduced to The Block through friends or family, the vast majority of participants interviewed were not told that sex was sold in the clubs before initiating work as a dancer. Many women described being unaware of this practice until their first proposition or sexual encounter. One participant described her experience as follows:

Participant: You know, as far as the back rooms, all the sexual stuff that's involved... I wasn't informed of any of that.

Interviewer: How did you learn about it?

Participant: My first [sexual encounter]. I went back, guy undoes his pants, pulls it out. I went crazy. I went running out, screaming. The owner said, “Look, it's up to you. That's how you make your money”. (23 years old, 6 months dancing)

Just as peers normalized exotic dancing during the process of initiation, they often pushed women toward risky sexual behavior once immersed in the club environment. In a context in which selling sex was the norm, dancers found that refusing to do so could mean losing clients and income to other women. One participant described why most women sell sex in the clubs: “Most of the girls would be doing that, so it's like if you're not doing that, you're not making any money, 'cause if you don't do it, another girl's going to do it” (21 years old, 2.5 years dancing). When asked whether any dancers did not sell sex, the same dancer replied:

Maybe like when they first start working down here, they won't, but then after they work down here a while, they will. Maybe not as much as others, and they might be more shy with it, but they'll start doing it. <laughs> They might be more shy, but if a guy offers them a lot of money, they're going to do it... if they need the money.

In some cases, other dancers also exerted influence on condom use practices. One participant recalled an interaction with a fellow dancer as follows:

Some girl came up to me, “Girl, I'm going to tell you what you need to do. They want to f--- you raw? Charge them another 150. (25 years old, 2 years dancing)

## Discussion

We found that the choices that led women to exotic dance were largely framed by their experiences of social and economic disadvantage. Through limited access to resources and opportunity, structural vulnerability often served as the primary force driving women to exotic dance. Consistent with previous studies, we found that financial motivations, combined with a lack of alternative options for income generation, were the primary reason that women entered exotic dance (Wahab et al. 2011). Club policies such as hiring on the spot, daily payment, and a flexible work schedule attracted women in a state of vulnerability

to exotic dance club work. The same structural vulnerability that limited dancers' employment options also constrained their sexual choices once in the club environment.

Previous studies have indicated that, even within the same club, women's experiences of exotic dancing can range from empowering to exploitive (Bell, Sloan, and Strickling 1998). A large body of sociological research has examined power dynamics between dancers and their customers with authors characterizing these interactions along a spectrum of dancer empowerment ranging from fully dominant to oppressed (Wahab et al. 2011; Frank 2007). On The Block, the poverty, drug use, and abuse that drove most dancers into the profession skewed this spectrum of empowerment toward the latter. While a few women were drawn to exotic dance based on their love of dance or desire for a high-class lifestyle, more dancers entered the industry as a result of socioeconomic crises. These life circumstances informed their agency within sexual negotiations. Their ability to choose the services they offered to clients was constrained by their economic circumstances, often resulting in the prioritization of financial need over their sexual health. Previous studies have described a gradual process of “upping the ante” in which dancers slowly renegotiate their boundaries for greater pay (Barton 2007; Wesely 2003). We found that a woman's socioeconomic conditions upon entry could drive both the speed and end result of this process.

Clubs on The Block overwhelmingly attracted “goal-oriented” (Lewis 1998) dancers who entered the industry with short-term rather than career ambitions. Previous studies have found that women often entered the profession with a need for early financial independence driven by social crises like the threat of homelessness or abuse (Tewksbury 2000). The perception of exotic dance as a short-term solution to hardship was a common theme among dancers in this study who rarely envisioned dancing as a long-term career goal. Indeed, our previous quantitative study of dancers on The Block found that 82% began dancing to earn money for basic necessities (Authors 2011). In the current study, this motivation was consistent even across dancers who had been in the industry for ten or more years. It may also have important implications for STI risk. Women who enter exotic dance with the ambition to be a career dancer may be more likely to practice health-promoting behaviors in order to help ensure longevity in an industry where success is built on physical appearance (Lewis 1998). On the other hand, women who enter with the sole purpose of earning enough money to escape financial hardship may be more inclined to engage in harmful health behaviors that also yield greater earnings.

For women who entered exotic dance to support a drug habit, the health risks could be even greater. A number of dancers described not actively choosing exotic dance but, instead, being pushed into the job by the need to fund their drug use. This same drug addiction could drive dancers towards selling oral, vaginal, or anal sex for increased profit and impair their judgment when making decisions regarding condom use. This finding echoes the work of Maticka-Tyndale and colleagues who found that Canadian dancers' use of drugs and alcohol often contributed to their willingness to compromise their sexual boundaries (Maticka-Tyndale et al. 2000; Maticka-Tyndale et al. 1999) and is particularly salient on The Block where approximately 23% of women begin dancing for drug money (Authors 2011).

Peer influence was a key component of a socialization process that served to normalize exotic dance and the additional sexual services provided within the club environment. It paved the way for women's elevated STI/HIV risk by enabling their entry into the profession and facilitating their engagement in transactional sex work once inside the club. Previous studies have documented an informal system in which peers facilitate women's entry into exotic dance and, once in the club, teach new dancers how to put on a good performance and manipulate male customers for increased tips (Lewis 1998; Wahab et al. 2011). Our results suggest that in some exotic dance club environments, peers may also facilitate a woman's initiation of more risky sexual services, including sex without a condom, and that pressure to engage in risky sex may be enhanced by competition between dancers. Friends' and family members' failure to communicate the dynamics surrounding sex work on The Block to recruits may also have heightened new dancers HIV/STI risk, leaving them without opportunity to prepare for the risky situations they are likely to encounter on the job.

At its best, exotic dance is a profession that is empowering for female employees. In some cases, it has been described as an opportunity for income generation in which dancers are in full control of the services they provide and the men they provide services to (Deshotels and Forsyth 2006). However, our findings suggest that women's experiences of power and choice within the exotic dance club environment are closely linked to their unique life circumstances and that the forces which drive their entry into the profession could also inform their STI risk trajectory once in the club.

Several considerations should be taken into account when interpreting the findings of this study. First, although sampling was aimed at attaining variation in participant demographics, the study sample consisted of volunteers. Thus, the experiences of some dancers on the Block may not be adequately represented by these findings. These results represent the experiences of dancers as they chose to convey them to "outsiders" with a set of life circumstances different from their own. Although the interviewers developed strong rapport with participants and were confident that the data reflected dancers' lived experiences, findings may still have been subject to social desirability bias and participant recall. Additionally, the majority of transcripts were coded by a single interviewer and were not double-coded by an additional study team member as a quality control mechanism. Last, the interpretation of the data was inevitably subject to the researchers' own background and biases that were informed by a set of life experiences that differed from those of the participants.

Despite its potential limitations, this study provides a unique contribution to the literature on exotic dance. It is one of few studies in the U.S. to explore the industry from a sexual health perspective (Authors 2012; Maticka-Tyndale et al. 2000; Maticka-Tyndale et al. 1999; Authors 2011) and the first known study to explicitly link motivations for entry to STI risk. In doing so, it also pointed to opportunities for intervention that could improve the sexual health of exotic dancers. For example, at the structural level, interventions addressing women's economic vulnerability and norms surrounding domestic violence could help ensure that all women who enter the exotic dance industry do so because they choose it. Once in the club environment, club policies could help to ensure availability and use of condoms. The 100% condom campaign in Thailand, for example, successfully reduced HIV

transmission among sex workers and their clients by enforcing condom use at the sex establishment level (Hanenberg et al. 1994). Harnessing the power of social networks within the clubs could help to promote healthier sexual behavior like consistent condom use. The successful Sonagachi project in India reduced HIV infection among sex workers by mobilizing and empowering peer networks (Jana et al. 2004). Group-based interventions focusing on increasing STI knowledge and condom use skills have also shown some success among sex workers in massage venues (Nemoto et al. 2006; Takahashi et al. 2013). Last, facilitating entry into drug treatment for women who desire it could help interrupt the cycle of drug addiction and sexual risk behavior that may drive women towards exotic dance and contribute to their STI risk once in the club.

## Acknowledgments

We appreciate the support of the National Institute of Drug Abuse in funding this study. Pamela Lilleston was supported by the National Institutes of Health under Ruth L. Kirschstein National Research Service Award T32A1050056 from the National Institute of Allergy and Infectious Diseases.

## References

- Authors. *Health & Place*. 2012
- Authors. *Journal of Urban Health*. 2011
- Authors. *Social Science & Medicine*. 2011
- Barton B. Managing the Toll of Stripping Boundary Setting among Exotic Dancers. *Journal of Contemporary Ethnography*. 2007; 36(5):571–596.
- Bell H, Sloan L, Strickling C. Exploiter or exploited: Topless dancers reflect on their experiences. *Affilia*. 1998; 13(3):352–368.
- CDC. HIV Surveillance in Adolescents and Young Adults. Centers for Disease Control and Prevention; 2013. 2011 [cited July 28, 2013]. Available from [http://www.cdc.gov/hiv/pdf/statistics\\_surveillance\\_Adolescents.pdf](http://www.cdc.gov/hiv/pdf/statistics_surveillance_Adolescents.pdf)
- CDC. STD Trends in the United States: 2010 National Data for Gonorrhea, Chlamydia, and Syphilis. 2012. November 17, 2011 2011 [cited August 11 2012] Available from <http://www.cdc.gov/std/stats10/trends.htm>
- Cohen D, Spear S, Scribner R, Kissinger P, Mason K, Wildgen J. “Broken windows” and the risk of gonorrhea. *American Journal of Public Health*. 2000; 90(2):230–236. [PubMed: 10667184]
- Cohen DA, Mason K, Bedimo A, Scribner R, Basolo V, Farley TA. Neighborhood physical conditions and health. *American Journal of Public Health*. 2003; 93(3):467–471. [PubMed: 12604497]
- Deshotels T, Forsyth CJ. Strategic flirting and the emotional tab of exotic dancing. *Deviant Behavior*. 2006; 27(2):223–241.
- Frank K. Thinking critically about strip club research. *Sexualities*. 2007; 10(4):501–517.
- German D, Latkin CA. Social stability and health: Exploring multidimensional social disadvantage. *Journal of Urban Health*. 2012:1–17. [PubMed: 22038283]
- German D, Latkin CA. Social stability and HIV risk behavior: Evaluating the role of accumulated vulnerability. *AIDS and Behavior*. 2012; 16(1):168–178. [PubMed: 21259043]
- Hanenberg RS, Sokal DC, Rojanapithayakorn W, Kunasol P. Impact of Thailand's HIV-control programme as indicated by the decline of sexually transmitted diseases. *The Lancet*. 1994; 344(8917):243–245.
- Hanna JL. Exotic dance adult entertainment: A guide for planners and policy makers. *Journal of Planning Literature*. 2005; 20(2):116–134.
- Hatch SL. Conceptualizing and identifying cumulative adversity and protective resources: Implications for understanding health inequalities. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2005; 60(Special Issue 2):S130–S134.

- Hubbard P, Matthews R, Scoular J, Agustín L. Away from prying eyes? The urban geographies of adult entertainment'. *Progress in Human Geography*. 2008; 32(3):363–381.
- Jana S, Basu I, Rotheram-Borus MJ, Newman PA. The Sonagachi Project: a sustainable community intervention program. *AIDS Education and Prevention*. 2004; 16(5):405–414. [PubMed: 15491952]
- Jennings JM, Taylor RB, Salhi RA, Furr-Holden CDM, Ellen JM. Neighborhood drug markets: A risk environment for bacterial sexually transmitted infections among urban youth. *Social Science & Medicine*. 2012; 74(8):1240–1250. [PubMed: 22386616]
- Kay K. Naked but unseen: Sex and labor conflict in San Francisco's adult entertainment theaters. *Sexuality and Culture*. 1999; 3(1):39–67.
- Kilmarx PH, Zaidi AA, Thomas JC, Nakashima AK, St Louis ME, Flock ML, Peterman TA. Sociodemographic factors and the variation in syphilis rates among US counties, 1984 through 1993: an ecological analysis. *American Journal of Public Health*. 1997; 87(12):1937–1943. [PubMed: 9431280]
- Lewis J. Learning to strip: The socialization experiences of exotic dancers. *The Canadian Journal of Human Sexuality*. 1998; 7:1.
- Maticka-Tyndale DE, Lewis J, Clark JP, Zubick J, Young S. Exotic dancing and health. *Women & Health*. 2000; 31(1):87–108. [PubMed: 11005222]
- Maticka-Tyndale E, Lewis J, Clark JP, Zubick J, Young S. Social and cultural vulnerability to sexually transmitted infection: the work of exotic dancers. *Canadian journal of public health Revue canadienne de sante publique*. 1999; 90(1):19. [PubMed: 10189733]
- Nemoto T, Iwamoto M, Tran D, Hsueh M, Witt S, Chu H, Ngo P. Individual and system level health promotion project for Asian female sex workers in San Francisco. Paper read at Annual Meeting. 2006
- O'Leary A. Substance use and HIV: Disentangling the nexus of risk. *Journal of Substance Abuse*. 2001; 13(1–2):13.
- Rekart M. Sex-work harm reduction. *Lancet*. 2005; 366:2123–2134. [PubMed: 16360791]
- Ronai CR, Ellis C. Turn-ons for Money: Interactional Strategies of the Table Dancer. *Journal of Contemporary Ethnography*. 1989; 18(3):271–298.
- Scientific Software Development. Atlas ti Version 7.0. Berlin, Germany: Scientific Software Development; 2012. Computer Software
- Sweet N, Tewksbury R. Entry, maintenance and departure from a career in the sex industry: Strippers' experiences of occupational costs and rewards. *Humanity & Society*. 2000; 24(2):136–161.
- Sweet N, Tewksbury R. "What's a nice girl like you doing in a place like this?": Pathways to a Career in Stripping. *Sociological Spectrum*. 2000; 20(3):325–343.
- Takahashi LM, Tobin KE, To S, Ou S, Ma CH, Wa Ao FK, Candelario J. Chieh Mei Ching Yi: A Randomized Controlled Trial of a Culturally Tailored HIV Prevention Intervention for Chinese Massage Parlor Women in Los Angeles. *AIDS Education and Prevention*. 2013; 25(6):508–518. [PubMed: 24245597]
- Thomas JC, Gaffield ME. Social structure, race, and gonorrhea rates in the southeastern United States. *Ethnicity and Disease*. 2003; 13(3):362–368. [PubMed: 12894961]
- Thompson WE, Harred JL. Topless dancers: Managing stigma in a deviant occupation. *Deviant Behavior*. 1992; 13(3):291–311.
- Vanwesenbeeck I. Another decade of social scientific work on sex work: a review of research 1990–2000. *Annual review of sex research*. 2001; 12(1):242–289.
- Wahab S, Baker LM, Smith JM, Cooper K, Lerum K. Exotic dance research: a review of the literature from 1970 to 2008. *Sexuality & Culture*. 2011; 15(1):56–79.
- Wesely JK. "Where am I going to stop?": Exotic dancing, fluid body boundaries, and effects on identity. *Deviant Behavior*. 2003; 24(5):483–503.