

Client and Partner Violence Among Urban Female Exotic Dancers and Intentions for Seeking Support and Justice

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Abstract Urban female exotic dancers are thought to experience unique risk for violence and barriers to care, though limited research has focused on this aspect of urban sex industries. We characterize recent client-perpetrated and intimate partner violence (IPV) and their correlates, and describe women's intentions for violence-related help-seeking, among venue-based exotic dancers in a high-risk urban environment. We conducted a cross-sectional study with new female exotic dancers ($n = 117$) in Baltimore, MD. Over one third (36%) reported intimate partner violence (IPV), and 16% reported client physical or sexual violence, in the six months prior to the survey. Both forms of violence were correlated with arrest, sex trade, substance use, and childhood abuse. Violence-related help-seeking intentions were highest for club management. Intentions to seek help from police and violence-related support

hotlines were lowest among those with recent experiences of violence. Recent violence, particularly from intimate partners, was pervasive in this sample of female exotic dancers, and enabled by substance use, criminal history, and sex trade. Preferences for help within venues, rather than the justice sector and publicly funded support services, indicate the need for systems reform to meet the needs of this high-risk group of women.

Keywords Violence · Exotic dancers · Justice

Introduction

The USA is home to approximately 4000 exotic dance clubs with an annual revenue of over 15 billion dollars [1, 2]. EDCs are unique occupational settings that generally feature stage dancing with no physical contact and can be home to illegal activity including drug activity and purchase of sexual services [3]. Research focused on the health and safety of exotic dancers or entertainment workers in urban settings illustrates hazards spanning substance use and sexual risk behavior [3–7].

A limited body of work suggests that the EDC environment can enable violence victimization and pose barriers to engagement with the public infrastructure for justice and violence-related care. Qualitative research documents that physical abuse from partners, often concurrent with economic desperation, can prompt women into exotic dancing [4]. Social and

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economic disadvantage and histories of substance use and incarceration are other common precursors to dancing [3–5, 8]. Client violence can be enabled by structural and environmental elements of EDCs, such as management control over negotiations for sexual services and limited management support regarding condom use with clients [3]. For exotic dancers and others in the sex industry, social and physical features of the work environment also affect perceptions of safety [4, 9]. Taken together, the compromised social standing that accompanies and reinforces social and economic disadvantage, the uncertain legal status where individuals have a criminal record or are involved in illegal activity, the possibility of illegal activity in the work setting, and other structural features of the EDC environment may synergistically enable violence and hamper women's ability to access justice and support services.

Clarifying and responding to violence against women involved in exotic dancing is critical to advance goals of violence prevention and response in the USA and globally. An estimated one in three women experience physical or sexual violence in their lifetimes, often at the hands of intimate partners, and with significant consequences for morbidity and mortality [10–12]. Adding to the need for attention to the EDC population is evidence from women who trade sex, which reveals pervasive violence from perpetrators including partners as well as clients [13–20]. Their homicide rate is approximately 17 times that of the general population [21]. Their ability to seek justice is undermined by negative police interactions, including harassment, failure to accept reports of violence, and other forms of poor treatment [22–24]. Women in the EDC environment may be subject to some of the same risks as women in sex work more broadly. While in some settings, features of the EDC environment may offer protection, others may confer unique risk. While research with sex workers generally suggests relative safety for women working indoors relative to their street-based counterparts [25], other research suggests greater risk for client-related abuse to women in entertainment establishments [26].

Currently there is a paucity of research to clarify the extent and nature of violence against exotic dancers. The regulation of the exotic dance industry makes violence in this setting an occupational health and safety issue. Violence against exotic dancers is of health concern as

well, given associations of abuse with HIV risk behavior and infection among sex workers [15, 16, 18, 23, 27, 28]. Finally, while a comprehensive response to violence for any population spans prevention, mitigation of health and social impact, and accountability [29], exotic dancers' access to violence-related care including violence support services for crisis counseling and support and justice mechanisms including police to hold perpetrators accountable remain unclear.

Against this backdrop, we describe the prevalence and correlates of violence perpetrated by clients and intimate partners, respectively, among exotic dancers, and describe intentions for seeking help from club management, social support, and criminal justice in cases of violence.

This research is vital to supporting policy and programmatic efforts to respond to violence against women: the infrastructure established through the federal Violence Against Women Act (VAWA) of 1994 emerged to ensure access to crisis services as well as perpetrator accountability for victims of violence.

Our study is conducted in Baltimore, MD, an urban setting characterized by a high HIV burden [30], a robust drug economy, entrenched poverty, and historic and sustained constraints on accessing justice [31].

Methods

Data

Data were drawn from the baseline survey of a longitudinal study whose primary objective was to prospectively investigate the role of the EDC environment on the HIV/STI risk profile of exotic dancers. Baseline data were collected between May and October 2014. Participants were eligible if they were 18 years and older and had danced on at least three occasions in the past month; to support the parent study aims, only women who had been dancing for six months or less were eligible. Participants were purposively recruited from 22 EDCs located throughout Baltimore City and County, MD.

Of 144 eligible women identified, 117 (81%) provided informed consent and completed survey procedures, specifically a 45-min survey via Audio Computer-Assisted Self-Interviewing (ACASI) on a portable tablet. Participants received an \$80 pre-paid debit card for their time. The study was approved by the Johns

Hopkins Bloomberg School of Public Health Institutional Review Board.

Measures

Primary outcome variables of interest were recent physical or sexual intimate partner violence (IPV), recent physical or sexual violence from clients, and violence-related help-seeking intentions. Recent (past six months) IPV and client violence were assessed via six items (Table 1) adapted from the conflict tactics scale [32]. Participants were directed to think about their boyfriend, husband, or other dating partner for the IPV items and clients or trade partners for client violence items.

Demographic characteristics were assessed via single items and included age, race, education, marital status, homelessness in the past six months, and financial dependence on partner (defined as boyfriend, husband, or girlfriend). *Dancing and sex trade history* characteristics included initiation of dancing to support basic necessities (e.g., rent, food), lifetime sex exchange (i.e., exchanged sex for money, drugs, food, or a place to stay, had sex with a paying partner in the club, received income from selling sex in a typical month). *Additional individual-level factors* included lifetime arrest history, history of childhood physical or sexual abuse, and drug and alcohol use in the past six months. *Alcohol use* was assessed using the Alcohol Use Disorders Identification Test-C (AUDIT), where a score of greater than three was categorized as alcohol dependence [33]. At the structural level, *club risk* was measured for each club by a scale that was developed in a previous phase of the study and aimed to capture the drug, policy, economic, and social domains of the HIV risk environment [34]. Continuous scores were dichotomized to reflect high vs low risk.

Single items assessed *help-seeking intentions*, specifically the likelihood of making a police report and calling a violence crisis hotline (or other similar support services), respectively, in the case of violence by an intimate partner (i.e., boyfriend, husband, or other non-paying partner). In addition, participants were asked about their likelihood of making a police report, calling a rape crisis hotline, and talking to club management, respectively, about their victimization in the case of violence by a client. Responses were on a 5-point Likert scale, with 1 reflecting very likely and 5 reflecting very unlikely to seek help from each respective source.

Analysis

Descriptive analysis was conducted for IPV and client violence. Prevalence of any recent IPV and client violence, respectively, was calculated and differences across demographic characteristics and other correlates were tested via χ^2 tests with significance set at $p < 0.05$. Separate multivariate models were constructed for each respective outcome (i.e., IPV and client violence), inclusive of current or recent correlates with $p < 0.05$ at the univariate level. Childhood history of abuse was not included in multivariate models; its collinearity with many of the recent risk exposures risked distorting our ability to understand more current, mutable risk factors for violence. Mean values for IPV- and client violence-related help-seeking intentions, respectively, were calculated for each type of help-seeking—police report and violence hotline for IPV-related help-seeking and police report, violence hotline and club management for client-related help-seeking. Differences in help-seeking intentions across demographic characteristics and other correlates were similarly tested via t tests with significance set at $p < 0.05$. All statistical analyses were conducted in STATA, Version 12 [35].

Results

Approximately one third (34.2%) of our sample was ages 18–20 with the majority ages 21 and over (Table 1). Just under half (47.4%) were black, and 52.6% indicated their race as white or other. Many (44.1%) had completed some portion of college. The majority were single (73.9%), and approximately one in five (19.7%) had a recent history of homelessness. The large majority (73.9%) indicated they began dancing to support “basic” necessities such as food or rent. Over one third (37.8%) had an arrest history.

Client violence was prevalent, with 16.2% reporting some form of violence or threats from a client. The most common form of client abuse was the threat of physical violence (11.1%), and 9% described physical violence in the form of having been hit, pushed, slapped, or otherwise physically hurt (Table 2). Recent client violence was significantly more prevalent among women who began dancing to support basic necessities relative to those who dance for other reasons (20.7 vs. 3.3%, $p = 0.02$; Table 1). Women with a sex trade history were also significantly more likely to report client violence

Table 1 Associations of recent IPV and client violence with demographics, dance history, and substance use among exotic dancers

	Recent client violence (past 6 months) <i>n</i> = 117				Recent intimate partner violence (past 6 months) <i>n</i> = 101 with a relationship in the past 6 months			
	Sample %	% with violence (row %)	<i>p</i> value	chi ² AOR (95% CI)	Sample %	% with IPV	<i>p</i> value	chi ² AOR (95% CI)
Demographics		16.2	–	–		35.6	–	–
Age			0.19				0.41	
18–20	34.2	23.7		–	33.7	41.2		–
21 and over	65.8	13.7		–	66.3	32.8		–
Race			0.32				0.09	
Black	47.4	21.3		–	44.4	28.6		–
White/other	52.6	14.1		–	55.6	44.4		–
Education			0.48				0.56	
Less than college	55.9	19.4		–	55.2	35.9		–
Some college	44.1	14.3		–	44.8	30.2		–
Marital status			0.58				0.65	
Partnered	26.1	12.9		–	27.1	26.9		–
Single	73.9	17.4		–	72.9	35.7		–
Homeless past 6 months			0.14				< 0.001	
Yes	19.7	26.1		–	21.9	66.7		2.89 (0.81, 10.32)
No	80.3	13.8		–	78.1	24.0		-ref-
Financially dependent on partner			0.17				0.46	
Yes	52.9	11.1		–	15.8	43.8		–
No	47.1	17.2		–	84.2	34.1		–
Dancing and sex exchange history								
Began dancing to support basic necessities			0.02				0.02	
Yes	73.9	20.7		3.62 (0.76, 17.36)	75.0	40.3		3.23 (0.74, 14.17)
No	26.1	3.3		-ref-	25.0	12.5		-ref-
Sex trade history (ever)			< 0.001				0.05	
Yes	39.6	29.2		4.45 (1.59, 12.41)	35.4	58.8		3.13 (1.08, 9.03)
No	60.4	7.3		-ref-	64.6	19.3		-ref-
Social context								
Club risk			0.95				0.22	
High	69.0	16.7		–	67.7	38.5		–
Low	31.0	17.1		–	32.3	22.6		–
Ever arrested			0.01				0.02	
Yes	37.8	27.9		1.84 (0.70, 4.88)	40.6	48.7		1.66 (0.58, 4.71)
No	62.2	9.5		-ref-	59.4	22.8		-ref-
Substance use								
AUDIT alcohol dependence			0.71				0.07	
Yes	80.7	12.5		–	81.5	34.9		–
No	19.4	15.8		–	18.5	13.3		–
Hard drugs use past 6 months (heroin, cocaine, crack, speedball, and buprenorphine/suboxone)			0.04				< 0.001	
Yes	19.8	30.4		1.28 (0.42, 3.89)	20.83	75.0		3.01 (0.74, 12.16)
No	80.2	12.8		–	79.2	22.4		-ref-
			0.10				< 0.001	

Table 1 (continued)

	Recent client violence (past 6 months) <i>n</i> = 117				Recent intimate partner violence (past 6 months) <i>n</i> = 101 with a relationship in the past 6 months			
	Sample %	% with violence (row %)	<i>p</i> value	chi ² AOR (95% CI)	Sample %	% with IPV	<i>p</i> value	chi ² AOR (95% CI)
Prescription opioid use past 6 months								
Yes	22.5	26.9	–		22.9	72.7		2.96 (0.73, 12.02)
No	77.5	13.2	–		77.1	21.6		-ref-
History of abuse								
Childhood abuse			< 0.001	–			< 0.001	–
Yes	42.3	35.3		–	44.8	55.8		–
No	57.7	1.5		–	55.2	15.1		–

relative to those without a trade history (29.2 vs. 7.3%, $p = < 0.001$). Women with an arrest history were more likely to report client violence (27.9 vs. 9.5%, $p = 0.01$), as were women involved in hard drug use (30.4 vs. 12.8%, $p = 0.04$), and those with a history of child abuse (35.3 vs. 1.5%, $p = < 0.001$). In the multivariate model, sex trade was the only factor significantly associated with recent client violence (AOR 4.45, 95% confidence interval [CI] 1.59, 12.41).

Of women in a relationship in the past six months, IPV was prevalent with 36% reporting at least one form

of physical or sexual violence from an intimate partner. From intimate partners, physical violence in the form of being hit, pushed, slapped, or otherwise physically hurt was most prevalent (30.7%; Tables 2 and 3). Sexual violence by intimate partners was most prevalent in the form of pressure into unwanted vaginal (10.9%) and anal (10.9%) sex, with physically forced vaginal and anal sex reported by 3.0 and 8.9%, respectively. IPV was significantly more prevalent among women with a recent history of homelessness relative to their housed counterparts (66.7 vs. 24.0%, $p = < 0.001$; Table 1). IPV was

Table 2 Prevalence and forms of recent client violence and IPV in the preceding six months among female exotic dancers

	Client violence <i>n</i> = 117 % (<i>n</i>)	Intimate partner violence <i>n</i> = 101 with a relationship in the past 6 months % (<i>n</i>)
Any violence in the past six months ^a	16.2 (19)	35.6 (36)
Been threatened with physical violence?	11.1 (13)	–
Been hit, pushed, slapped or otherwise physically hurt	8.5 (10)	30.7 (31)
Been beaten up, strangled, choked, stabbed, threatened with a weapon or thrown out of moving car	4.3 (5)	18.8 (19)
Had vaginal sex when you did not want to because he pressured you or insisted-but did not use physical force	6.0 (7)	10.9 (11)
Had vaginal sex when you did not want to because he used force like hitting, holding you down, or using a weapon?	3.4 (4)	3.0 (3)
Had anal sex when you did not want to because he pressured you or insisted (but did not use physical force)?	3.4 (4)	10.9 (11)
Had anal sex when you did not want to because he used force (like hitting, holding you down, or using a weapon)	1.7 (2)	8.9 (9)

^aInclusive of any of the forms below

significantly more prevalent for women who began dancing to support basic necessities, relative to those with other reasons (40.3 vs. 12.5%, $p = 0.02$). A trend toward increased risk for violence was noted for women with a sex trade history, with IPV more prevalent among sex traders relative to non-traders (58.8 vs. 19.3%, $p = 0.05$). Women with an arrest history were also more likely to report IPV (48.7 vs. 22.8%, $p = 0.02$), as were women who reported use of hard drugs, i.e., heroin, cocaine, crack, speedball, and buprenorphine/suboxone (75.0 vs. 22.4%, $p < 0.001$), and prescription opioids specifically (72.7 vs. 21.6%, $p < 0.001$) relative to those not involved in substance use. IPV prevalence was also significantly higher for women with a child abuse history (55.8 vs. 15.1%, $p < 0.001$). In the multivariate model, sex work history was the only factor significantly associated with recent IPV (AOR 3.13, 95% CI 1.08, 9.03)

In considering intentions to seek help for IPV and client violence, respectively, on average, participants were most likely to seek help regarding client violence from club management (mean score 4.51 with a range of 1 to 5; higher score indicative of more likely to seek help from a given source). Help-seeking intentions for violence-related hotlines were comparable for both IPV (mean = 3.66) and client violence (mean = 3.73), and for police for both IPV (mean = 3.82) and client violence (mean = 3.87). Women who had experienced recent IPV had significantly lower intentions to seek help from both police (3.22 vs. 4.20, $p < 0.001$) and violence-related hotlines (3.16 vs. 3.98, $p < 0.001$), relative to their non-abused counterparts, and also had lower help-seeking intentions for assistance from police (3.47 vs. 4.12, $p = 0.01$) and hotlines (3.25 vs. 3.98, $p < 0.001$) for client-related violence. Women who had experienced recent client violence were similarly less likely to intend seeking both IPV-related care (police, 3.05 vs. 3.97, $p < 0.001$; hotline, 3.00 vs. 3.78, $p = 0.01$) and client violence-related care (police, 3.05 vs. 4.03, $p < 0.001$; hotline 2.68 vs. 3.94, $p < 0.001$). No differences were observed based on recent IPV or client violence on intentions regarding the role of club management in resolving client violence situations. Childhood abuse survivors also described lower help-seeking intentions for police responding to IPV (3.53 vs. 4.04, $p = 0.03$), and for crisis hotlines responding to client violence (3.41 vs. 3.98, $p = 0.01$). Additional differences in intentions for help-seeking were identified based on hard drug use and use of prescription opioids. Women with a sex trade history also had significantly lower IPV-

related help-seeking intentions for police (3.35 vs. 4.14, $p < 0.001$), and crisis hotlines (3.35 vs. 3.86, $p = 0.03$), and client violence-related help-seeking intentions for police (3.56 vs. 4.09, $p = 0.03$) and crisis hotlines (3.39 vs. 3.97, $p = 0.01$).

Discussion

In this sample of young female exotic dancers working for six months or less, recent violence was pervasive from both intimate partners (35.6%) and clients (16.2%). The prevalence of *recent* IPV is comparable with the *lifetime* IPV prevalence reported for US women (35.6%) [12]. The prevalence of client-perpetrated violence (16.2%) is particularly striking in this sample of women who had been dancing for a maximum of six months. Results reveal both historic and current sources of risk for both client-perpetrated violence and IPV. Childhood abuse was a significant correlate of violence, echoing past evidence of enduring risk put forth by early experiences of mistreatment and violence [36]. In considering current, modifiable risk factors, recent substance use, financial instability, and sex work were found to contribute to both IPV and client-perpetrated violence. Surprisingly, no differences in recent violence experience emerged based on the club risk environment scale; this assessment is focused on the HIV risk environment and may not have been sufficiently sensitive to violence-related risk factors. Further research is needed to define and measure elements of structural risk for violence in exotic dance venues.

Women's intentions for help-seeking revealed a preference for club management over the public infrastructure for justice and violence-related support. Yet alarmingly, recent abuse victims described lower levels of help-seeking intention from police and violence-related crisis hotlines. Further work is needed to understand how past experience may shape intent to seek care and justice. Together, findings support concerns that the structural and social environments of EDCs may uniquely enable violence with impunity, particularly for women actively involved in sex trade.

Both client-perpetrated violence and IPV were most prevalent among the most vulnerable populations of women, including those dancing to support basic necessities, those involved in hard drug use, with an

Table 3 Help-seeking intentions by source, for situations of IPV and client violence among female exotic dancers

	IPV		Client violence		
	Police Mean <i>p</i> value	Violence hotline Mean <i>p</i> value	Police Mean <i>p</i> value	Rape crisis hotline Mean <i>p</i> value	Club management Mean <i>p</i> value
Overall	3.82	3.66	3.87	3.73	4.51
Abuse history					
IPV past 6 months					
Yes	3.22	3.16	3.47	3.25	4.42
No	4.20	3.98	4.12	3.98	4.64
	< 0.001	< 0.001	.01	< 0.001	0.24
Client violence past 6 months					
Yes	3.05	3.00	3.05	2.68	4.31
No	3.97	3.78	4.03	3.94	4.55
	< 0.001	0.01	< 0.001	< 0.001	0.34
Childhood abuse					
Yes	3.53	3.41	3.70	3.41	4.47
No	4.04	3.84	4.00	3.98	4.54
	0.03	0.06	0.22	0.01	0.69
Demographics					
Age					
18–20	2.29	2.36	2.37	2.45	1.60
21 and older	2.14	2.36	2.01	2.18	1.46
	0.59	0.77	0.08	0.04	0.44
Race					
White/other	3.64	3.5	3.97	3.68	4.60
Black	3.94	3.77	3.79	3.77	4.45
	0.21	0.26	0.45	0.74	0.41
Education					
Less than college	2.22	2.45	2.05	2.37	1.50
Some college	2.14	2.26	2.24	2.14	1.53
	0.84	0.69	0.44	0.58	0.90
Marital status					
Partnered	3.81	3.58	3.71	3.77	4.51
Single	3.82	3.68	3.93	3.72	4.51
	0.94	0.69	0.41	0.84	0.98
Homeless past 6 months					
Yes	3.52	3.74	3.83	3.78	4.56
No	3.89	3.30	3.88	3.72	4.50
	0.20	0.13	0.85	0.84	0.78
Financially dependent on a partner					
Yes	3.89	3.33	4.05	3.94	4.67
No	3.80	3.71	3.83	3.69	4.48
	0.80	0.24	0.51	0.45	0.47
Substance use					
AUDIT alcohol dependence					
Yes	3.94	3.75	3.95	3.77	4.52
No	3.79	3.58	4.00	3.63	4.68
	0.64	0.60	0.88	0.66	0.51

Table 3 (continued)

	IPV		Client violence		
	Police Mean <i>p</i> value	Violence hotline Mean <i>p</i> value	Police Mean <i>p</i> value	Rape crisis hotline Mean <i>p</i> value	Club management Mean <i>p</i> value
Hard drug use					
Yes	3.34	3.17	3.22	3.17	4.39
No	3.94	3.77	4.03	3.87	4.54
	<i>0.04</i>	<i>0.04</i>	<i>0.05</i>	<i>0.02</i>	<i>0.51</i>
Prescription opioids					
Yes	3.38	3.23	3.38	3.23	4.34
No	3.94	3.77	4.01	3.87	4.56
	<i>0.04</i>	<i>0.08</i>	<i>0.03</i>	<i>0.03</i>	<i>0.33</i>
Dancing and sex exchange history					
Started dancing for basic necessities					
Yes	3.81	3.63	3.93	3.75	4.54
No	3.83	3.73	3.70	3.67	4.43
	<i>0.95</i>	<i>0.71</i>	<i>0.39</i>	<i>0.73</i>	<i>0.61</i>
Trades sex ever					
Yes	3.35	3.35	3.56	3.39	4.39
No	4.14	3.86	4.09	3.97	4.59
	<i>< 0.001</i>	<i>0.03</i>	<i>0.03</i>	<i>0.01</i>	<i>0.29</i>
Social context					
Club risk					
High	3.85	3.68	3.74	3.76	4.49
Low	3.81	3.65	4.18	3.73	4.62
	<i>0.96</i>	<i>0.96</i>	<i>0.07</i>	<i>0.97</i>	<i>0.42</i>
Criminal justice experiences					
Ever arrested					
Yes	3.65	3.55	3.84	3.79	4.65
No	3.92	3.72	3.89	3.70	4.43
	<i>0.27</i>	<i>0.52</i>	<i>0.82</i>	<i>0.72</i>	<i>0.25</i>

arrest history, and with a history of childhood abuse. In adjusted analyses, sex trade emerged as the only significant risk factor for both client violence and IPV. Associations of sex trade with IPV may reflect abusive partners' active promotion of sex work through encouragements, threats, or provoking arguments; in a dangerous paradox, women risk abuse for this very behavior of trading sex [13, 37]. So too, trading sex may enable client-perpetrated abuse in EDC settings in which sex work is illegal. Women who trade sex may be in more intimate and isolated situations with clients in which violence may emerge more privately, as compared with the public spaces within venues where dancers entertain clients without sexual services.

The complex interplay of economic factors, substance use, and sex trade are difficult to disentangle in relation to both IPV and client-perpetrated violence. Substance use can affect relationship dynamics, within and beyond the context of sex trade. Substance use has been linked with IPV and sex trade via complex and likely mutually reinforcing pathways [8, 37, 38]. It may serve as a coping mechanism for violence or exotic dancing [8, 39]. The relatively lower social status of drug-involved women, lowered inhibitions, and biological demands of addiction can threaten safety or enable sustained violence [8, 39]. Within the work environment, women may make difficult safety trade-offs in the context of economic need or to sustain the biological

demands of addiction. While the responsibility for violence rest solely with the perpetrator, we note that addiction can also dampen executive functioning including women's ability to anticipate and escape potentially violent situations.

Significant needs for violence-related support and access to health care and justice are evident in the high prevalence of IPV and client-perpetrated violence observed. By contrast, help-seeking intentions were relatively low. While IPV-related help-seeking intentions did not vary significantly based on arrest history, women's involvement in illegal activity such as drug use or sex trade may cause them to be concerned about criminalization or marginalization in accessing care. For responding to client violence, the highest help-seeking intentions were observed for club management, indicating the role of the work setting in responding to abuse. Engaging club management in connecting women to support resources may be a way to harness women's reported intentions to turn to their workplaces in response to abuse. Strategies could span passive approaches such as posters about available services to more active engagement of management in facilitating access to violence support. Further research is needed with women themselves to determine the feasibility and acceptability of interventions in occupational settings aimed to reduce violence and improve safety, as well as how effective they believe management can be in responding to potential violence. So too, little is known about club management knowledge of violence-related support services and their interest and motivations in providing resources for their dancers and implementing violence prevention strategies. In other research, female sex workers have been found subject to discrimination, police harassment, and criminalization [22]; these experiences and concerns may extend to exotic dancers even if not directly involved in sex work and may partially explain the observed preference for internal support (club management) as opposed to police response.

Our study is the first to document IPV and client violence prevalence and related help-seeking intentions among female exotic dancers. Findings should be considered in light of several limitations in addition to those previously described. Our relatively small sample size limits statistical power for multivariate modeling. The cross-sectional design does not allow conclusions about temporality. Findings may have been subject to social desirability, recall, and other biases. Other types of violence (e.g., financial violence) and violence perpetrated

by non-client or non-intimate partners (e.g., managers, pimps, or police) that may be uniquely relevant for this population were not measured. Generalizability to other geographic settings is unclear.

Findings demonstrate that improving safety for female exotic dancers is necessary and will require changes to policy and practice. Women's reluctance to engage with police and crisis response infrastructures, coupled with the pervasive IPV and client violence identified, create a sense of urgency in achieving these changes. A critical first step is clarifying the nature of women's perceived barriers to accessing care and justice, and identifying feasible, acceptable ways of reaching them with violence-related support. The violence support infrastructure, i.e., domestic violence and rape crisis programs, should be aware of the high levels of violence among female exotic dancers and sex workers in particular, and ensure their outreach and advocacy teams are trained in responding to the unique needs of this population. Regulation for exotic dance venues may be able to include provisions for staff training on available violence support resources and passive strategies such as posting relevant information. The Violence Against Women Act (VAWA) has not historically addressed the needs of adult women in the sex industry, though provisions exist regarding commercial sexual exploitation pertaining to minors under the age of 18. The high prevalence of recent violence in our sample, coupled with the low intentions to seek help, argue for dedicated outreach to adult women involved in the sex industry as exotic dancers for safety promotion and access to prevention and care, particularly those who are also involved in sex trade.

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