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Experiences of structural vulnerability among exotic dancers in Baltimore, Maryland: co-occurring social and economic antecedents of HIV/STI risk

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Abstract

Women who grow up in an environment of economic scarcity often face limited opportunities for upward mobility, as a result of challenges securing stable housing, quality education, and high-paying, steady employment. Chronically unstable women often also have reduced capacity to protect themselves against HIV/STI related harm when engaging in sexual activity or illicit drug use. Characterizing and targeting the structural contexts that facilitate HIV/STI risk are critical to effective design and implementation of drug and sexual harm reduction interventions. This study explores the nature and progression of structural vulnerability experienced by female exotic dancers during their early lives through the initial months of exotic dancing. We also examine the roles of drug use and social relationships regarding experiences of structural vulnerability and engagement in sexual risk behavior. We conducted semi-structured in-depth interviews with exotic dancers working in Baltimore City and County exotic dance clubs during July 2014 and May 2015. Using thematic analysis, interviews revealed important individual, social, and economic effects of structural vulnerability. Many dancers depicted early experiences of residential transience, violence, and independence, and were raised in an environment of social and economic scarcity. The accumulation of chronic, overlapping social and economic disadvantage continued upon entry into dancing. Substance use emerged as an important issue for the majority of women, operating cyclically as both precursor to and product of accumulating social and economic hardship. Dancers also revealed social strategies that buffered the effects of structural vulnerability and minimized exposure to workplace-related drug and sexual risks. This study provides insight on an understudied group of at-risk women with a unique demographic profile. Findings illustrate how the effects of structural vulnerability, substance abuse, social strategies, and opportunities for economic gain through sexual services in the workplace converge to produce varying levels of HIV/STI risk among exotic dancers.

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Background

Women who grow up in poverty, and subjected to an environment of chronic social and economic scarcity, are at a particular disadvantage for upward mobility (i.e., moving from lower to higher socioeconomic status) [1, 2]. Socially and economically disadvantaged women are often “stuck” within a cycle of poverty, due to limited opportunities for higher paying occupations, and spending more time and money raising children and caregiving for others, compared to men [3]. Experiences of trauma and violence can further compromise women’s ability to rise out of poverty [3]. To escape poverty, women must overcome the associated “costs” of poverty, which require a safety net of time and money, in addition to the human, social, and health capital or resources, needed to deal with the stressful circumstances that often stem from unexpected adverse events such as job loss [4, 5]. Without a safety net or substantial resources, the accumulation of mutually reinforcing social and economic disadvantages such as challenges securing stable housing, quality education, and high-paying, steady employment, can further limit opportunities for upward mobility and perpetuate feelings of instability, stress, and desperation [6–9].

While the accumulation of social and economic disadvantage is alone cause for concern, there are also important linkages to poor health outcomes in women, including mental illness (e.g., depression), chronic disease (e.g., diabetes, heart disease), substance abuse, and HIV and other sexually transmitted infections (STIs) [10–15]. HIV/STI risk can be introduced when women are compromised by a cluster of multiple socioeconomic stressors and have limited bargaining power to protect themselves against harm when engaging in sexual activity or drug use. For example, socially and economically disadvantaged women often find themselves in relationships with limited sexual power. Women in these relationships are more prone to sexual violence and less likely to consistently use condoms [16–18]. Moreover, for individuals with an urgent need to find housing or employment, selling sex provides an additional source of money when opportunities are lacking for reasons such as limited education or a criminal record [19, 20]. The settings in which sex exchange takes place can facilitate unsafe sex and constrain women’s ability to protect themselves against infection. In any context of unprotected sex, having high-risk (e.g., HIV-infected, sex partner concurrency), overlapping sex partners can increase the chances for exposure to HIV and other STIs [21–26].

Social and economic disadvantages such as housing instability and job loss are established structural drivers of HIV/STI among women, demonstrating how HIV/STI risk can be a function of conditions that are beyond individual control [15, 27–29]. The structural nature of HIV/STI risk underscores the need for social policy change that acknowledges the critical nature of health in all policies [10, 30]. However, effectively addressing HIV/STI disparities through policy is complex and requires a profound understanding of the contexts in which social and economic disadvantage is manifested [10, 31, 32]. Researching health disparities through a lens of *structural vulnerability* directs the focus from individual risk behavior to upstream intermediate and macro-structural factors such as economic, social, gender, and racial discriminations, which are recognized as disposing certain groups of people at a disadvantage for health and well being [27, 33, 34]. This perspective is critical to learning about how the contexts in which women live, socialize, and work affect risk-taking behavior.

To explore the context of HIV/STI risk among disadvantaged women, structural vulnerability can be defined as the location or position in society where a concentration of multiple discriminations constrain individual agency for sexual-decision making [12, 19, 27, 33]. As a result, structurally vulnerable women are likely to have more exposure to HIV/STI and a lower capacity to protect against these infections [12, 16, 27, 33]. The structural vulnerability that emerges from intermediate and macro-structures is internalized through lived experiences; however, the nature of structural vulnerability experienced by socially and economically disadvantaged women likely to drive HIV/STI risk behavior is underexplored. Identifying the structural factors that shape how socially and economically disadvantaged women are exposed to and manage HIV/STI risk will ultimately point to where and how best to intervene against potential sex- and drug-related harm.

Places where structurally vulnerable women are concentrated – through their residences, social venues, or workplaces – may provide efficient access points for determining key structural factors driving HIV/STI transmission. Reaching women working in HIV/STI risk environments such as sex work venues may help to uncover important insights for targeted outreach (e.g., HIV/STI testing, linkage to care, harm reduction services) for those most in need. Exotic dance clubs (EDCs) are one type of sex work venue in which women may be encouraged to exchange sex for money or drugs [35–37]. Previous research involving dancers working in Baltimore, Maryland found high rates of drug use, sex exchange, and inconsistent condom use, setting up a heightened risk for exposure to HIV/STI [38, 39]. Dancers may have a particularly heightened HIV/STI risk, as protections against drug and sexual harms are typically not accessible within a context of underground sex work and other illegal activity. The flexible schedule and potential for quick cash (e.g., daily tips) earned from exotic dancing often attract women dealing with limited job opportunities, housing instability, and the consequences of having a criminal record (i.e., history of arrest) [36, 38, 39]. While dancers experience varying degrees of socioeconomic disadvantage, the accumulation of such stressors can lead to feelings of financial desperation, that if present upon entry into dancing, may drive initiation or escalation of drug use or sexual risk behavior [8, 9, 39–41]. Thus, EDCs are important venues for research exploring the nature of structural vulnerability, and how the effects of structural vulnerability play a role in the escalation of HIV/STI risk behavior

This study explores the nature and progression of accumulated structural vulnerability experienced by female exotic dancers during their early lives and through the initial months of dancing. Through this process, we sought to uncover how structural vulnerability is experienced at the individual level and to examine the interplay of structural drivers before and after initial entry into the EDC HIV/STI risk environment. Specifically, we explore the early foundation from which these women entered dancing and describe their structural vulnerability upon entry. We also examine the influence of drug use and social relationships on experiences of structural vulnerability and engagement in sexual risk behavior. Throughout the paper, we highlight how different experiences of structural vulnerability converge with their work environment to shape a context of HIV/STI risk. Through the use of iterative, qualitative interviews, this study articulates the path of embodied structural vulnerability that shapes HIV/STI risk behavior. Ultimately, findings will support and inform the ongoing need for multi-level interventions to reduce HIV/STI burden among female

exotic dancers, sex workers, and other structurally vulnerable women in the United States [27, 42].

Methods

Data collection

We conducted semi-structured in-depth interviews with female exotic dancers working in Baltimore City and County EDCs during July 2014 and May 2015, as part of The STILETTOS (STudying the Influence of Location and Environment –Talking Through Opportunities for Safety) Study, which characterized the HIV risk environment of exotic dance clubs. EDC-level risk (i.e., high vs. low HIV risk) was pre-determined using data on the social, policy, drug, and economic environments of 22 Baltimore EDCs collected during the first phase of the study in summer 2013 [43]. EDCs were classified according to environmental factors that promote risk, such as management pressure to sell sex, economic incentives to engage in unprotected sex with clients, high rates of drug use, and lack of pay structure [43]. Female exotic dancers were eligible for the second phase of the study if they met the following criteria: 18 years old, danced in exchange for tips for 12 months, and danced 3 times in the past month. The second phase of the study employed both quantitative and qualitative data collection and followed a cohort of 117 new dancers over six months.

The qualitative study component was comprised of a subsample of twenty-four women from the larger cohort enrolled several weeks after the quantitative baseline surveys were completed. Cohort participants were purposively sampled to primarily include dancers who had been working for six months or less at high-risk EDCs, and were open and willing to discuss their lives. We targeted newer dancers working at high-risk clubs because we posited that more socially and economically disadvantaged women would be drawn to higher risk clubs. By focusing recruitment on newer dancers we sought to capture early perceptions, attitudes, and behaviors upon entry and then possible changes, after several months dancing, during the second interview. The target sample size for interviews was originally 20 participants; however, saturation was not evident as we approached our target and recruitment was expanded to 24 dancers, at which no new themes emerged. Twenty-one of the 24 dancers initially interviewed were successfully contacted and participated in a second interview. Compared to those who remained in the sample, the three lost to follow-up were from the same club, were slightly older and more educated, and at the time of the first interview had danced for less than four months and reported no sex exchange or drug use. Four of the baseline participants were no longer dancing by the time of the first interview; of these, one started dancing again and four additional women had stopped dancing by the time of the follow up interview.

Two interviews were completed with each participant, with the second occurring three to six months apart from the first. The initial interview guide focused on recent social and economic circumstances and early experiences of structural vulnerability, as well as information related to reasons for dancing, reactions to the EDC environment, experiences of violence, sex- and drug-related behaviors, and health concerns of new dancers. The second interview followed up on their social and economic circumstances, including any

changes in housing, education, or job status since the first interview. The longitudinal design was intended to allow for an exploration into the accumulated nature of structural vulnerability; while this is briefly discussed, a more in-depth study of risk trajectories was addressed in a separate analysis.

Dancers were also asked follow up questions about dancing status, including reasons for leaving dancing altogether or switching clubs, if relevant. Recent sex- and drug-related behaviors, health status, and future goals were also discussed. Interviews were conducted by three authors of this paper (MB, KF, SL) in settings convenient to the women's workplace. Participants provided written consent prior to the first interview and after each interview were compensated \$40 for their time. All but three women took part in both interviews, for a total of 45 interviews. Interviews were audio-recorded and transcribed verbatim. Transcripts were checked for accuracy and cleaned accordingly by the interview team.

Analysis

The study team, consisting of the three interviewers and the principal investigator, applied a multi-step process of thematic content analysis to explore the data. Two authors (MB, KF) read through a sample of two transcripts to develop the initial coding framework via open coding. To develop major themes from the data, coding categories were first established through a layered approach that included identifying salient topics as well as sub-categories, relying on both a priori concepts and new topics that emerged from participant perspectives. The predominant approach involved deductive development of codes related to theoretically informed social and economic aspects of structural vulnerability included in the interview guides. The study team created additional codes to represent ideas that appeared to be meaningful and relevant to dancers but were not already captured by deductive coding. Multiple iterations of the codebook were created through joint coding of additional transcripts by the entire team, a process that also involved individual memoing and subsequent reflection during team discussions. Definitions and examples that corresponded to each code were specified to reinforce consistent and accurate coding and interpretation of all transcripts. Clean transcripts were imported into Atlas.ti [44], a qualitative data management and analysis program, and coded using the codebook developed by the study team.

To more closely examine the nature of structural vulnerability among dancers, the first author returned to all transcripts to isolate relevant coded segments of text. Focusing on each dancer's social and economic circumstances (e.g., housing situation, finances), overlapping themes were identified to characterize the most prominent structural factors in which their vulnerability was rooted. To examine the interplay between structural vulnerability and engaging in drug- and sex-related activity occurring in EDCs, dancers' perspectives on drug use and selling sex upon entry into dancing were also extracted. The Johns Hopkins Bloomberg School of Public Health Institutional Review Board approved this study.

Results

The thematic analysis uncovered both early and recent experiences of structural vulnerability shared during the first and second set of interviews, providing insight into how dancers'

social and economic circumstances evolved over time, how they managed these experiences, and how different trajectories of structural vulnerability shaped HIV/STI risk.

Description of participants

The 24 participants ranged in age from 19 to 33 years (median, 21 years), half of whom identified as Black, approximately one-third White, and the remaining identified as Native American, Alaskan Native, or other. The majority reported having graduated from high school, and of these, eight had some college education or higher. One-third of participants were enrolled in school at the time of the first interview. Almost half reported having at least one child. At the time of the first interview, participants reported dancing for an average of five months, ranging from one to eleven months, and earned an average monthly income of \$3000. More than one-third reported current drug use and a similar proportion of participants reported ever selling sex at the time of the first interview.

Interviews revealed several social and economic indications of structural vulnerability. Many dancers depicted early experiences of residential transience, violence, and independence, living in a context of social and economic scarcity from a young age. The accumulation of structural vulnerability, indicated by chronic, overlapping social and economic hardships, continued upon entry into dancing. Substance use emerged as an important issue for the majority of women, operating cyclically as both precursor to and product of economic hardship. Dancers also revealed social strategies that buffered the economic effects of structural vulnerability and reportedly reduced their engagement in EDC-related drug and sexual activity.

Accumulated structural vulnerability: shaping pathways to chronic social and economic hardship

The majority of women recalled early memories of living with limited economic and social resources to meet everyday needs. Some described their childhoods as generally happy and stable until the occurrence of a traumatic experience (e.g., death of a family member, experience with violence), but most described being born into home lives shaped by mental illness, drug and alcohol addiction, and hardship. Many family structures were defined by separation of parents and other guardians, and dancers' shared feelings of abandonment or neglect by the adult figures in their lives. Early lives were often depicted as stressful or unstable, especially when referring to moving homes during childhood. For some this was a perpetual challenge, and often attributed to financial scarcity or a parent's substance abuse.

We moved around a lot because my mom was on drugs and stuff, so I got bounced around a lot of different places. She kept getting kicked out of places...She would get us a place to live, and then we'd get kicked out. It was mainly like friends, well, her friends anyway, and family members and stuff like that. But she couldn't stay off the drugs, so we never really had a stable place.

(19 years old, 8 months dancing)

In addition, the environments in which many of the dancers were raised routinely exposed them to physical and sexual violence. Interviews revealed a range of violent experiences during childhood, including stories of sexual assaults perpetrated by both adults and peers,

often a relative, family friend (e.g., mother's boyfriend), neighbor, or acquaintance. Physical abuse was also common both inside and outside the home, not only between adults (e.g., mother and father or step-parents), but also between parents and children and among siblings. While less common, a few dancers reported physical abuse outside of the home, with isolated physical altercations among peers in the neighborhood or school setting, in addition to the more commonly mentioned abuse from sex partners.

Upon reflection, experiences of transience and violence were recognized by participants as sources of social and economic instability that drove them toward early independence. One dancer who endured relentless episodes of homelessness and abuse shared her journey:

I grew up in a very abusive home. My father was abusive, my mother was abusive. And I was molested by my cousin when I was young...I've been pushed downstairs, I've been kicked in the head, I've had pots and pans all thrown at me. I've been kicked out of the house, I've been homeless a lot...And because of the abuse – he was physically abusive to all of us so it really, it wore down my mom. She became an alcoholic. And she was always spiteful towards me and my sisters but mostly towards me. And I just couldn't deal with it anymore, so I just left.

(22 years old, 4 months dancing)

In response to early structural vulnerability, women sought social and economic stability as they entered adolescence or early adulthood. By this time, many had adopted a strong will to take control of their lives and considered exotic dancing a logical, flexible, and potentially lucrative alternative to a more traditional low paying, nine-to-five job. Dancers described expectations to improve their situations by earning “quick” money in the form of cash at the end of each shift, as opposed to bi-weekly minimum wage paychecks that available jobs offered. Dancing was also known to be a guaranteed hire compared to other work that was often difficult to obtain due to competition or requirements to meet criteria such as advanced education or no criminal history.

Despite this appeal, entry into dancing did not help to remove pre-existing vulnerabilities, and many women continued to experience a constellation of social and economic hardship that constrained opportunities for upward mobility. While the type and degree to which dancers experienced disadvantage varied, narratives of unstable housing, financial insecurity, unreliable employment, limited educational opportunities, and legal issues were ubiquitous.

My issue is just my record, money, and my living situation. I applied for Section 8 housing, but I'm like number 100,000, so it's like a seven to ten year waiting list...I would like to stop dancing and working in this environment very soon. So I feel like my first step is to get my own place, and then go back to school, and then I can stop working there. I'm assuming I could be in this type of setting for the next year, just because I need money for school. The hours are good just because my son's asleep while I'm at work, so that's another plus as to why I like dancing and working.

(24 years old, 5 months dancing)

While a number of dancers described permanent living situations, others were searching, but hopeful for a place to call home to achieve the unique stability that housing was expected to provide. Temporary reprieve was often found in the form of house shares with other dancers, friends, or relatives. However, the ability to acquire reliable, long-term housing varied. While many dancers worked several EDC shifts each week, barriers to securing independent, stable housing persisted because of challenges providing proof of employment or limited ability to save enough money for a deposit. Despite the potential to earn hundreds of dollars a shift through tips from stage performances, lap dances, or sex exchange, narratives of living “day to day” were common. Dancers described barely making ends meet, with most or all of their tips being used to pay for expenses such as rent and transportation. Financial drains in the form of dependents, such as sex partners who were unemployed or supporting drug habits with dancers’ earnings, reinforced their economic hardship. As a result, women were unable to reach a level of financial stability that would allow for leaving dancing altogether if desired, or to achieve goals related to housing or pursuing advanced education to broaden their future employment opportunities. Dancers in school at the time of interviewing expressed concern about their ability to continue due to high tuition payments or not having the time and energy to juggle work and school.

When multiple stressors, such as those related to housing and finances, co-occurred without a clear resolution in the future, dancers expressed strong feelings of desperation and limited opportunities that served as motivation to continue dancing and to make as much money as possible. Weighing the economics of selling sex against other less profitable services in the club, these dancers described their decisions as logical, and sometimes the only, option to earning the money they needed that day. While a minority, a third of the dancers took advantage of the opportunity to sell sex to customers in the clubs. For some, this was an immediate decision; the participant quoted below describes the first time doing a “bottle,” a euphemism for selling sex:

The first day I did a bottle because I needed that money for a hotel. And it killed me but I was like I have to do it. And I walked out of there with \$200 the first day...I felt so bad, but at least we went that night straight to a hotel...it still kills me every day because like I got, I do it, you know basically every day because I have to...It got worse since starting because I need money.

(22 years old, 4 months dancing)

The cyclical nature of drug use

Issues around drug use were situated along a continuum related to drug severity (e.g., hard drugs vs. marijuana), level of use (e.g., recreational vs. addiction), and time of initiation (e.g. childhood vs. entry into dancing). One-third of dancers in our study reported current illicit drug use, including heroin, cocaine, and prescription opioids (e.g., Percocet, OxyContin). Dancers who strictly avoided drugs or heavy drinking generally had more stable housing and financial situations than those who did not avoid these substances. Their avoidance was motivated by either a history of addiction or having witnessed substance abuse among family members or other dancers. Personal goals such as finishing college, securing a permanent home, finding a “real” job, and raising children provided additional reasons for

avoiding drugs and alcohol. At the other extreme, a few dancers were wholly consumed by drug or alcohol use. Prior history of issues with drugs or alcohol was common across the majority of interviews. In particular, those who started abusing drugs at a young age (e.g., childhood, teenage years) described a perpetual struggle for money to buy drugs, getting caught with drugs or engaging in other illegal activity related to their drug use, or getting kicked out of the house. Without a safety net of support, these hardships fueled a continued need for money and drugs that not only led them to dancing, but also introduced sexual risk, including exchanging sex for money or drugs, at an early age.

When I was a teenager I used to go up to Patterson Park and walk around the park, before I started dancing, I was, like, fifteen and jump into cars, and, because I had, like, a three hundred dollar-a-day habit when I was a teenager. So... Yeah. It was a lot... You know, you have to walk down the street and jump in a random car. Like, that's scary...but when you're addicted to drugs you'll do anything. You will. You'll do anything to get that money.

(32 years old, 5 months dancing)

For those who began to experiment with drugs after they started dancing, attributing it to purely recreational or work-related drug use (e.g., cocaine), sharing drugs with clients or dancers was described as the norm in many EDCs.

There's one customer I know that comes by three times a month...he knows certain – like me or some other girls, he will take one up or two. And we'll sit there, just relax, you know, do whatever. A little head or whatever and then do coke. And it just makes it – to me it makes it easier because I don't feel... How can I put it? Guilty and plus it just makes you feel more into it. That's basically what it does. It makes you feel more into it. Like drinking, you get sexual.

(22 years old, 4 months dancing)

Dancers conveyed how heavy drug use undermined potential gains in economic stability that should have been provided by the money they were earning. Moreover, it fueled the continued need to dance in order to sustain the high cost of a drug habit, situating themselves within an ongoing cycle of drug use, financial scarcity, and the accumulation of additional, interconnected vulnerabilities such as housing instability.

I never thought I would make as much money as I can make. But really, I don't have anything to show for it. I wanted to dance to have things to show for it. I mean, I have some nice things, like shoes, and I have a place to live in. But I'm behind on my rent because of Percs...If I could just get off of the Percs, I would be set. I make so much money. It's ridiculous how much money I make. And not even being cocky, but I really make a lot of money. I should have anything I want, and I don't. Like, I don't have anything. I'm going to lose my house in five days if I don't come up with 400 fucking dollars. That's my fault.

(19 years old, 8 months dancing)

Women who reported selling sex firmly defined their rules with clients to always include condoms. However, a heightened context of HIV/STI risk surfaced from the narratives in

which socioeconomic hardship and substance use intersected within the EDC environment. A few occasions of inconsistent condom use were mentioned, and occurred during circumstances in which alcohol or drugs were in play. In the following scenario, this dancer describes not using a condom with a client during a shift of heavy heavily and as an opportunity to earn more money:

I'm not going to say that I never have [had unprotected sex with a client], because I have gotten really drunk before and it was a really high tip, and I've gotten it once or twice. But after that, and I got myself tested, I never did it again.

(21 years old, 11 months dancing)

Social relationships and strategies to achieve economic stability

Social isolation emerged as a key theme, as dancers described being disconnected from family and friends, and often referred to being on their own. In addition to the women who described early experiences of structural vulnerability and independence, others described distancing themselves after starting to dance, fearful of family members finding out. Of those that revealed to a family member that they were dancing, many became isolated after they were verbally shamed, kicked out of the house, or children were taken away. Among dancers, trust was rare and most described keeping to themselves during their shifts. As a result, women had limited social connections within and outside of their workplace, and few resources necessary to stabilize and achieve their goals.

I just want my life to be how it's supposed to be. And I don't even know what that's like... I felt like that when I turned... Like, at least at twenty. I would be in school right now, or like, have my own place, at least a job, a stable job. I don't have that...I'm just by myself. And, just stuff ain't going the way I want it to.

(20 years old, 2 months dancing)

Others, while not socially isolated, also remained at an economic disadvantage due to the financial and emotional drain of partners who were abusive or took advantage of dancers' earnings for their own benefit. In contrast, dancers also described social relationships that helped them to gain financial stability and space to pursue their personal goals, such as new employment or higher education. Sources of external support included relatives, partners, and friends. Provision of either temporary or permanent housing was a recurring example demonstrating how dancers received support from others, allowing them to live rent-free during tight financial circumstances. The ability to rely on safe, comfortable, and long-term housing was particularly meaningful, providing a boost to their financial stability and alleviating the immediate need for money. One dancer, after enduring years of challenges securing safe and reliable housing, described the impact of eventually finding a comfortable place to live with her uncle, with the only expectation being to stock food in the house:

I really like it. Like, he genuinely, like, cares about me, really...I have a safe home to go to every night. I don't have to worry about someone hitting on me. I don't have to worry about people knowing where I live. I go to sleep good, like, I go to sleep and... You know, I can have a good sleep, don't wake up in the middle of the

night. I don't hear no dogs. I don't hear no cats. I don't hear no people. I don't smell weed. Yeah, I've never felt so safe, like, I really feel so safe.

(20 years old, 2 months dancing)

In combination with the tips earned from performing lap and stage dances, receiving free housing or a small amount of cash assistance often enabled dancers to protect themselves against harm while working in the clubs. Compared to those experiencing extreme social and economic scarcity, dancers who were not financially stressed tended to avoid engaging in sexual and drug related activity in the club. One participant, who had been living with a relative for several years, shared her perspective on selling sex while referring to her other job as a waitress:.

I get good money on stage. I can make anywhere from -- the least I usually make is \$100, \$150; the most I have made when I've been there is probably like \$550, and I haven't made that in a while... and I don't know if the girls do anything extra. I personally don't, because for one, I have a job; I'm not that desperate for money.

(24 years old, 5 months dancing)

Dancers also sought out economic assistance by creating new social connections. Often referred to as "sugar daddies," dancers described meeting men, through work or on the street, who offered to take care of them financially in exchange for companionship. While some of these arrangements were sexual in nature, others were not; regardless, these relationships were articulated as a business exchange motivated by a variety of economic needs and drive to achieve upward mobility. By paying for dancers' school, utilities, clothes, and other daily costs that would otherwise be a struggle, these men were viewed as an opportunity to stabilize financially and rise out of a situation of otherwise limited opportunities.

There's a guy. He takes me out every day. It works out...He's like an older man, and you could tell he's really lonely. So we just made an agreement that if I'm nice to him - we don't do anything - that's why, we don't do anything sexual, because he can't. So he just wants someone to be around him. So for that, he just buys me things...he buys food for the house. He buys like everything I need.

(22 years old, 4 months dancing)

Discussion

In this study of structural vulnerability among exotic dancers, participants revealed a convergence of social and economic factors that fueled a chronic scarcity of resources, early independence, and limited opportunities that funneled them into exotic dance work. The continuation of housing instability, financial scarcity, criminal history, and limited education and job opportunities, compelled women to remain in the EDC setting. The cost of this accumulated vulnerability – perpetual scarcity of resources and an inability to plan beyond daily needs – further constrained their reach toward stability. The most highly vulnerable women were particularly disposed to work-related sexual risk behavior such as engaging in unprotected sex with clients. In contrast, women who were able to improve their

circumstances generally faced less work-related harm, either by leaving work as a dancer altogether if they desired, or through the ability to avoid sex and drug related activity occurring within the EDC environment.

Drug and alcohol use surfaced as key issues that impaired dancers' economic stability and enabled sexual risk behavior. Despite high earning potential, achieving financial stability remained a challenge for dancers with expensive drug habits. Dancers that habitually used drugs, beyond experimenting at work with clients or other dancers, often portrayed their drug use as barrier to rising out of the circumstances that initially drove them to start dancing. The intersection between drug use and socioeconomic hardship was further articulated by dancers who considered drinking or using drugs as a way to "take the edge off" and effectively function in their role as dancers. Drugs and alcohol were also available to dancers seeking ways to cope with the hardships of working as a dancer (e.g., harassment and discrimination from clients) as well as social and economic stressors outside of the EDC environment. Consequently, concurrent social and economic hardship with heavy substance abuse often facilitated a heightened state of HIV/STI risk by way of high-risk sex exchange (i.e., unprotected sex with clients).

Dancers described overlapping challenges to accessing safe housing, affordable education, reliable employment, and legal support. These findings point to potential leverage points for intervention at structural, community, and individual levels, and support recent calls for multi-level approaches to improve sexual health of venue-based sex workers and other groups of structurally vulnerable women [27, 42]. Recent progress at the state and city level includes laws that are intended to promote fair access to employment opportunities. Grounded in policies such as "Ban the Box," employers can be restricted from asking about a job candidate's arrest history by removing the conviction check-box from job applications [45]. In conjunction with the enactment of fair employment law, policy makers should consider ways to promote awareness and help women over the hurdles of applying for jobs. While these efforts are encouraging, much progress is yet to be made to address health in all policies [30]. Affordable housing, education, and employment policies that minimize the financial, temporal, and cognitive costs of living in economic scarcity may further alleviate the constant social and economic stressors that perpetuate dancers' vulnerability and subsequent HIV/STI risk [46].

Accounts of dancers' ability to buffer the effects of structural vulnerability through use of their familial and social networks could be used to guide programs designed to help women stabilize economically, reduce workplace-related harm, and improve their health and well being. By having access to resources that relieved one or more stressors (e.g., housing, bills, tuition, childcare), women were able to reverse or slow down the accumulation of social and economic hardship that had previously persisted in their lives. While social networks can be a source of HIV/STI risk, the importance of dancers' connections to resources through family and friends willing to provide important economic support was evident, particularly for women who otherwise had no financial buffer. This external support provided space to prioritize future goals, while lifting the constraints on opportunities for upward mobility. In turn, women had increased control and agency for decisions to engage in EDC-related drug and sexual activity. Programs that are tailored to women's needs and offer individual case

management services or facilitate access to housing, while promoting financial self-efficacy may complement macro-level policy change. Given the history of violence among our sample, comprehensive approaches would likely also benefit from efforts toward violence prevention. Moreover, improving access for women seeking drug treatment services may help to disrupt the cyclical nature of drug use and consequently reduce HIV/STI risk behavior [40]. While challenging, a combination of economic, social, and drug-related policies and programs that are not punitive in design, and packaged to carefully address in tandem the co-occurring hardships experienced by the women in our study, is critical to successful programming and delivery of HIV/STI prevention and other health services [47].

Study findings should be viewed in light of several limitations. Bias may exist due to potential for participant recall and social desirability associated with questions about private or illegal behaviors; however, the iterative nature of the interviews and interviewers' established rapport with participants to most accurately capture dancers' lived experiences. Purposive sampling resulted in interviews with dancers who were primarily recruited from higher risk clubs who were willing to meet outside of work and talk openly about their lives. Thus, the experiences of some dancers, possibly women who were more socially and economically stable, may not be adequately reflected by these findings. Eight of the 24 women interviewed stopped dancing at some point during the study; however, this is likely reflective in the broader exotic dancer population as prior research demonstrated high rates of turnover throughout Baltimore EDCs. Lastly, overall interpretation of the data was subject to potential researcher biases shaped by life experiences that differed from those of the participants. Reflexivity regarding these potential biases was encouraged by memoing after each interview and regular discussions during team meetings.

Despite these limitations, this study provides a unique contribution to the literature for several reasons. By accessing an environment in which marginalized women are concentrated, we gained insight on an understudied group of structurally vulnerable women with a unique demographic profile. Through a series of qualitative in-depth interviews with new exotic dancers, we explored how the accumulation of social and economic disadvantage disposes women toward HIV/STI risk environments. Narratives not only revealed dancers' embodied experiences of structural vulnerability, but illustrated how the interplay of substance abuse, interpersonal relationships, and opportunities for economic gain through sexual services in the workplace converge with the social and economic effects of vulnerability to produce varying levels of HIV/STI risk. Findings call for evaluation of multi-level interventions that in combination demonstrate potential for promoting sexual health in this and other populations of structurally vulnerable women. The complex and dynamic nature of vulnerability should be investigated through measurement and analysis of mechanisms that may explain the relationship between accumulated structural vulnerability, drug use, and sexual risk behavior. Identifying ways to disrupt the effects of structural vulnerability, by creating safer environments or promoting access to social support, will be critical to not only help women rise out of economically dire circumstances, but to ultimately reduce or eliminate HIV/STI risk.

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