

EXOTIC DANCING IN ONTARIO: HEALTH AND SAFETY

The purpose of this document is to:

- ★ Identify the risks to health and safety encountered in the work of exotic dancing,
- ★ Identify the causes of those risks,
- ★ Identify the legislation and policies that are relevant to them,
- ★ Make recommendations for ways to improve the work environment of dancers.

STAR 

Sex Trade Advocacy and Research
Défense du travail du sexe et projet de recherche

www.uwindsor.ca/star

The views expressed herein do not necessarily represent the views of Toronto Public Health, the Social Sciences and Humanities Research Council of Canada, the National Network on Environment and Women's Health, the official policy of Health Canada, or any of the organizations, partners, or individuals named in this report.

The following STAR partners and interested organizations contributed to the content and review of this report:

Exotic Dancers Alliance
Exotic Dancers Association of Canada
Exotic Dancers Health and Safety Work Group (see Appendix A for list of members)
Maggie's, Toronto
Region of Peel Health Department
Toronto Public Health
Kara Gillies
Mary Taylor
Eleanor Maticka-Tyndale, PhD University of Windsor
Jacqueline Lewis, PhD University of Windsor
Frances Shaver, PhD Concordia University
Megan Street, BA, LLB (student) University of Windsor
Karen Metcalfe, MA, PhD (candidate) McMaster University

EXOTIC DANCING IN ONTARIO: HEALTH AND SAFETY

TABLE OF CONTENTS

	Page
Introduction.....	3
A Brief History of Exotic Dancing in Ontario.....	5
Health and Safety of Exotic Dancing.....	7
Legislation	13
Recommendations.....	21
References.....	27
Appendices	
Appendix A: Members and mandate of the Exotic Dancers Health and Safety Work Group.....	29
Appendix B: Members and mandate of Sex Trade Advocacy and Research.....	30
Appendix C: Description of research conducted by STAR members on exotic dancing.....	31
Appendix D: Information about Exotic Dancing Advocacy and Owner Organizations in Ontario.	33
Appendix E: Resources for exotic dancers and groups that work with dancers.....	34
Appendix F: Template for recommended information poster.....	35

INTRODUCTION

Exotic or erotic dancing has its roots in the burlesque entertainment that graced the vaudeville stages of cities across Europe and North America through the middle of the twentieth century. The work of exotic dancing today, however, is far from the work of the burlesque showgirls. Several factors converge to create a unique profile of occupational health and safety for today's exotic dancers. These include: the physical demands of the performance art of today's exotic dancer, the close physical proximity and emotional demands associated with "table" or "lap" dancing, the dependence of dancers on club owners and managers for space, access to clients, and technical support, but on clients for income.

This document is the result of the work of the Exotic Dancers Health and Safety Work Group called together under the auspices of the Region of Peel Health Department (Peel Health)¹ and the research of members of Sex Trade Advocacy and Research (STAR)². Members of these two groups contributed their knowledge and experiences to raise and address concerns related to occupational health and safety in exotic dancing. The approach to occupational health and safety taken in this document is grounded in a paradigm that looks to government legislation to protect workers' rights to a work environment that is as safe and healthful as possible and to government organizations to enforce that legislation.

The purpose of this document is to identify the risks to health and safety encountered in the work of exotic dancing, the causes of those risks, the legislation and policies that are relevant to them, and to make recommendations for ways to improve the work environment of dancers. It is anticipated that this document will be of particular relevance to:

- Municipalities as they revise their licensing by-laws and policies related to enforcement of by-laws, codes and acts for which they are responsible;
- Public Health Units that are responsible for programmes and services for health promotion, health protection and disease and injury prevention;
- Ministry of Labour where responsibility for workplace conditions lies;
- Justice Ministry and local police forces that are responsible for the protection of Canadian residents from assault, harassment, etc.;
- Immigration Canada and Human Resources and Skills Development Canada that are responsible for policies related to issuing work visas for exotic dancers.

While the research and experiences that informed this document were restricted to women working as exotic dancers in Ontario, several of the issues have been found to be relevant to men working as exotic dancers and to regions beyond the borders of this province. We encourage those in other jurisdictions to view this document as a tool or

This document is the result of the work of the Exotic Dancers Health and Safety Work Group called together under the auspices of the Region of Peel Health Department (Peel Health) and the research of members of Sex Trade Advocacy and Research (STAR)

The purpose of this document is to identify the risks to health and safety encountered in the work of exotic dancing, the causes of those risks, the legislation and policies that are relevant to them, and to make recommendations for ways to improve the work environment of dancers.

¹ See Appendices A for a description of the Work Group and a list of its members.

² See Appendix B for a description of STAR and a list of its members and Appendix C for a description of

starting point from which they may consider the occupational health and safety of men working as exotic dancers and exotic dancing in their own regions.

This document is organized into six sections:

- **A Brief History of Exotic Dancing in Ontario**
Establishes the context in which exotic dancers work today and describes how dancing has changed in recent years, with consequent changes in occupational risks to health and safety.
- **Health and Safety of Exotic Dancing**
Describes the specific occupational health and safety risks under four categories: risks to physical health and safety, risks of contracting infectious diseases, risks to emotional health and well-being, and risks associated with substance use and abuse. The information in this section is based on the research cited in the reference section, research of the STAR team members (see Appendix B), and the personal experiences and observations of exotic dancers and community and public health nurses who were members of the Exotic Dancers Health and Safety Work Group (see Appendix A).
- **Legislation**
Reviews the existing federal, Ontario provincial and municipal by-laws and legislation (using Toronto as an example) that are or can be used to address the conditions and risks outlined in the previous section.
- **Recommendations**
Provides recommendations to improve occupational health and safety of exotic dancing.
- **References**
Lists references used in completing this report.
- **Appendices**
Appendix A: Members and mandate of the Exotic Dancers Health and Safety Work Group.
Appendix B: Members and mandate of Sex Trade Advocacy and Research (STAR).
Appendix C: Description of research conducted by STAR members on exotic dancing.
Appendix D: Information about Exotic Dancing Advocacy and Owner Organizations in Ontario.
Appendix E: Resources for exotic dancers and groups that work with dancers.
Appendix F: Template for recommended information poster.

BRIEF HISTORY OF EXOTIC DANCING IN ONTARIO

Burlesque, or strip-tease, made its debut in Ontario during the 1950s. Showgirls erotically titillated theatre audiences through their costume, movements, and seductive disrobing. Showgirl and audience remained physically separated throughout the performance: showgirl on stage and audience in theatre seats.

The 1960s and 1970s saw the gradual demise of burlesque performances in theatres and its move to small stages in bars. The styles of performance, degree of nudity, and closeness to the audience varied across Canadian provinces, with Quebec known for greater nudity and closeness than other regions. In Ontario, by the late 1970s showgirls were either working in bars or strip clubs, paid based on the number of shows they performed, or they were touring a circuit of clubs where they performed for a set number of shows as feature performers. These performance artists typically worked a 6 hour shift during which they provided 5 strip-tease shows of 4 songs each. Tips from customers added to their daily take. While the strip-tease included at least one song performed topless, a g-string stayed on and was a place where appreciative customers could tuck “tips”.

Since the 1970s various court challenges³ have resulted in removal of the g-string and acceptance of total nudity in clubs. They have also moved dancers off the stage and onto the main floor of clubs. Here dancers perform “table” or “lap” dances (with or without portable mini-stages) in close proximity of a personal customer. In lap dances, dancers come in direct, albeit legally regulated, physical contact with their customers. Private “champagne” or VIP rooms came on the scene starting in the 1980s and provided a place where a customer and dancer were away from the view of other patrons. Table, and later lap-dances and VIP room dances, each came with a set fee per song and the possibility of additional tips based on the customer’s satisfaction with the performance.

As the Canadian economy weakened in the early 1980s, more women were pushed into low-skill and poorly paid service sector jobs. Exotic dancing attracted more workers, dancers moved between provinces and regions looking for the best pay, and more dancers were willing to accept “shift pay” rather than demanding a weekly wage. Strip club owners justified shift-pay on the grounds that dancers were now earning money directly from customers by performing private dances. Shift pay gradually disappeared in most clubs until the 1990s when it was the rare club that had dancers ‘on schedule.’ Instead, in most clubs dancers were now charged various fees (e.g. bar fees, disk jockey fees, VIP room fees) for the privilege of dancing in a club. Dancers were now totally dependent on customers for their income.

During the late 1990s, the increase in the number and size of strip clubs, and the increased migration of workers internationally, led strip club owners to more actively

The 1960s and 1970s saw the gradual demise of burlesque performances in theatres and its movement to small stages in bars.

Since the 1970s various court challenges have resulted in removal of the g-string and acceptance of total nudity in clubs. They have also moved dancers off the stage and onto the main floor of clubs. Here dancers perform “table” or “lap” dances.

³ Ontario Adult Entertainment Bar Association v. Metropolitan Toronto (Municipality) (1997); R. v. Butler,

look to an international labour force of dancers. Women were recruited primarily from poorer countries in Asia, Latin America and the former Soviet Union and brought to Canada to work as exotic dancers, filling what owners described as a labour shortage. Typically, these women knew little of Canadian law and labour standards or local expectations, and arrived with a sizable debt-burden owed to the agent or club owner who paid their travel and sponsored their work visas or immigration. Their movement between clubs was restricted, they were responsible for their debts, and they were expected to comply with the demands of the club owners and managers. This pattern continues today.

While exotic dancing does not necessarily contravene any sections of the *Canadian Criminal Code*, the way in which dancers perform and make contact with their customers does place them in the position of potentially violating sections of the *Code* that deal with public nudity, indecent performance, or being found in a bawdy house⁴. Pressure from club owners, managers, and customers, together with the actions of some dancers who are willing to do “more than dance” in exchange for a higher fee, can create a situation where all dancers are pushed to engage in activities that prompt police raids and arrests.

EXOTIC DANCING IN ONTARIO TODAY

In Ontario, with the exception of a very small number of remaining feature performers, the vast majority of dancers work free-lance. As free-lance dancers they earn their income exclusively from what customers pay for personal dances. These bring dancers into close physical proximity to customers. Dancers are dependent, however, on club owners for the space to do their work, the infrastructure necessary for their work, and access to clients. For this they pay a variety of fees to club owners and follow rules set by owners that dictate, for example, appearance, time “on the floor,” contact with clients, and number and type of stage shows. As free-lancers they can choose when, where and how often they work, but they have no access to the protections available to employees through much of the federal and provincial labour legislation and, as yet, have not benefited from unionization.

Occupational health and safety occurs within the context of a particular work environment and labour market. This context both poses the challenges and provides the opportunities for maximizing occupational health and safety.

The vast majority of dancers work free-lance. As free-lancers they can choose when, where and how often they work, but they have no access to the protections available to employees

⁴ Sections 167, 173 and 210 of *The Criminal Code of Canada*.

HEALTH AND SAFETY OF EXOTIC DANCING

While exotic dancers often speak of the creativity that goes into their work, the good money they can earn, and the flexibility of their schedule as important benefits of their job, as in all occupations, there are also health and safety hazards encountered on-the-job. In Canada, we do not “shrug-off” occupational health and safety issues as merely the cost of working, or the “personal lot” and responsibility of the worker, but rather, through advocacy, education and legislation we work to eliminate or reduce occupational health and safety risks to workers. When health and safety *are* compromised we provide compensation and support.

In Canada, we do not “shrug-off” occupational health and safety issues as merely the cost of working, or the “personal lot” and responsibility of the worker

This section outlines health and safety risks associated with exotic dancing. It is based on research conducted in southern Ontario by members of STAR (see Appendix C) and the experiences of the members of the Exotic Dancers Health and Safety Work Group. The occupational health and safety issues relevant to exotic dancers are addressed in sections on physical safety, infectious disease, emotional health and substance use and abuse. Each section describes the key risks and their sources.

PHYSICAL HEALTH

Appearance regulations imposed by strip club management, the nature of the work of exotic dancing, policies of club management with respect to dancers and clients, and the condition and layout of strip clubs all contribute risks to the physical health and safety of exotic dancers.

Club owners and managers often impose regulations regarding weight, appearance and dress. Dancers who don't comply are prohibited from working. In some clubs, even occasional infractions (e.g. gaining a few pounds) can result in a fine or being banned from the club pending compliance. The expectations typically include a youthful appearance, large breasts, a slender, tanned body, and wearing shoes with four-inch heels. These requirements:

Club owners and managers often impose regulations regarding weight, appearance and dress which can negatively affect the health and safety of dancers.

- Often push dancers into persistent dieting and tanning that can damage health;
- Encourage breast enhancement surgery that exposes dancers to surgical risks as well as risks associated with breast implants and to musculoskeletal problems resulting from excessively large breasts; and
- Establish a standard for wearing stiletto heels that can easily lead to falls, sprains, strains, and that impact on foot, leg and back health.

The performance work of exotic dancing is physically demanding. The safety with which this work can be performed depends on the conditions of the main stage, the vertical pole from which dancers often suspend their bodies, the boxes used in some clubs for table dances, and any other props or equipment. Dancers interviewed as part of research and those participating in the work group noted that:

- The floors of stages and main areas where customers sit are frequently in

- poor repair with holes and uneven sections that easily catch stiletto heels;
- The boxes used in table dancing are often broken and can either catch a heel or topple a dancer off the box;
- Poles may not be securely fastened to stage or ceiling, making them unstable;
- Lighting may be so dim that it is difficult to safely move around a club.

Slips, sprains, twists and falls are common, at times resulting in extended periods of time lost from work.

The cultural stereotyping of exotic dancers as sexually available together with the general state of intoxication of many strip club customers, and the physical closeness of exotic dancers to clients, contribute to the risk of physical and sexual assault by customers. Research and the experience of dancers on the work group detailed a variety of strategies that dancers use to avoid such assaults or to deal with them when they occur. Both the physical layout of strip clubs and the policies of management towards dancers and customers contribute to the likelihood of assault as well as different outcomes should it occur. Conditions that contribute to assaults include:

- Little space between tables for dancers to move about or to perform table dances without being touched or grabbed;
- Dark spaces where it is difficult for dancers to see customers' movements;
- Private, isolated spaces like VIP rooms where customers' actions are not visible to anyone else;
- Club tolerance for excessive intoxication and/or physical assault of dancers;
- Bouncers who are not supportive of dancers;
- Club staff who themselves harass and assault dancers;
- Management encouragement of drinking on the part of dancers, decreasing their ability to remain alert;
- Areas without wall mirrors (used by dancers to watch customers who are behind them);
- Secluded location and poor lighting in exit areas leading to parking lots and streets.

Assaults may result in a variety of physical injuries as well as emotional trauma to dancers. While assault is treated as exceptional and not tolerated in other workplaces, dancers report that bouncers, managers and police often treat assault in and around a strip-club as an occupational hazard that they should expect and "deal with" without taking action against the perpetrator. When dancers take their own actions and aggressively fend-off an assault, it is often *they* who face penalties ranging from expulsion from the club to arrest, or criminal charges.

Municipal by-laws only require bars (which includes strip clubs or adult entertainment parlours) to serve light meals, or snacks, and may exclude them from prohibitions on smoking. Clubs may not permit staff to bring their own food to work, and if they do, they rarely provide a place where the food can be kept. As a consequence:

- Dancers and other employees may not have access to nutritious food while

The cultural stereotyping of exotic dancers as sexually available together with the general state of intoxication of many strip club customers, and the physical closeness of exotic dancers to clients, contribute to the risk of physical and sexual assault by customers.

Bouncers, managers and police often treat assault in and around a strip-club as an occupational hazard that they should expect and "deal with" without taking action against the perpetrator.

at work, even though they perform 5-8 hours of physically demanding work;

- Dancers (as well as customers and other workers) may be exposed to second-hand smoke.

INFECTIOUS DISEASES

As in all occupations, there are conditions in the workplaces of exotic dancers which have an impact on the risk of infectious diseases. Some of these are related to physical conditions within the workplace while others are related to health behaviours associated with the nature of the work of exotic dancers.

The physical environment of exotic dancing is conducive to the spread of infection. Several infectious agents such as cold and flu viruses are easily transmitted, with greatest risk in circumstances where people are in close physical contact, where personal habits and the environment are unsanitary (e.g. there are no facilities for or there is little use of soap and water for hand-washing), where there is poor ventilation, and where there is contact with body fluids such as saliva. Since dressing rooms, toileting facilities, props, and often makeup and costumes are shared among dancers, they are at potential risk for transmission of infectious agents among themselves. Specifically, dancers are potentially placed at increased risk of infections by:

- Lack of or poor ventilation.
- Crowded dressing rooms.
- Lack of proper disinfecting of counter tops in change rooms.
- Lack of supplies for proper hand washing (soaps, water, paper towels), or lack of hand washing.
- Sharing of makeup and clothes.
- Inadequate laundering of shared items.
- Lack of sinks.
- Unsanitary toilet facilities.

Health behaviours associated with exotic dancing can also increase the risk of infectious disease. Hepatitis B and C, sexually transmitted infections (STIs) and HIV can be transmitted through blood, semen and vaginal fluid. Blood-to-blood transmission is possible through sharing of drug-use and other equipment such as needles, razors, nail files, etc. that comes in contact with bodily fluids. In addition, STIs can be transmitted through various forms of unprotected sexual activity. While sexual contact is illegal in strip clubs and does not necessarily occur in all clubs, it has been reported in research with dancers. The most commonly reported sexual contacts in strip clubs are masturbation and oral sex, though vaginal intercourse – with and without consent of the dancer – is reported in more secluded, private areas of strip clubs such as VIP rooms. Risk of sexual or blood-to-blood transmission is increased through:

- Sharing razors, nail files, scissors or other sharps that could have blood on them;
- Absence of containers for the safe disposal of sharps;

There are conditions in the workplace of exotic dancers which have an impact on the risk of infectious diseases.

Since dressing rooms, toileting facilities, props, and often makeup and costumes are shared among dancers, they are at potential risk for transmission of infectious agents among themselves

- Absence of sexual risk reduction strategies (e.g. availability of condoms);
- Lack of protection of dancers from unwanted sexual contact (e.g. panic buttons in VIP rooms, ready availability of bouncers to assist dancers, removal of customers who are harassing dancers).

Some dancers report concern that they might be exposed to sexually transmitted infections through contact with poles, clothing, couches and other furniture. While it is possible, even probable, that some of these items come in contact with bodily fluids (vaginal fluid, semen, saliva), the risk of transmission of STIs through indirect contact is exceedingly low and is not judged by Public Health Units to require specific risk reduction strategies.

EMOTIONAL HEALTH — SEXUAL HARASSMENT, SEXUAL ASSAULT, AND STIGMATIZATION

The cultural stereotype of exotic dancers as ‘easy catches’ or ‘sexually available’ is not only at the root of sexual assault of dancers, but also of their stigmatization and harassment. Sexual harassment is a daily occurrence in the course of the work of exotic dancers. It takes the form of degrading comments, gestures, propositions, attempts at sexual touching and physical or emotional force or coercion. Many clubs do not have clear guidelines for what is permissible. In some, managers and bouncers ignore customers who harass, abuse, proposition or assault dancers. Some dancers respond to the regularity of these forms of customer behaviour as “just a part of the job,” while others find it creates considerable emotional strain and psychological distress.

Sexual harassment is a daily occurrence in the course of the work of exotic dancers.

The stigmatization and harassment of exotic dancers may also occur outside their place of work if neighbours, community members, other employers, children’s schools, landlords, police, etc. are aware of their occupation. Dancers have reported being shunned, propositioned, assaulted, and harassed, and being denied access to housing, police protection or redress when their occupation was known in the community. At times such discrimination has extended to other family members, particularly to a dancer’s children.

Dancers have reported being shunned, propositioned, assaulted, and harassed, and being denied access to housing, police protection or redress.

The effects of stigmatization, sexual harassment, and sexual assault on emotional health are well documented. People who are subjected to these typically experience nightmares, uncontrollable crying and rage, use of alcohol or drugs to numb feelings, difficulty forming relationships with or trusting others, not wanting to be touched by significant others, depression, anxiety, and flashbacks. These and other symptoms may further manifest as anxiety disorders or depressive or post-traumatic stress syndromes. Some workers in environments as diverse as factories, schools, hospitals, and offices, succumb to the demands made by harassers (e.g. to provide sexual services) when they feel this is necessary to keep their jobs, to maintain a good work schedule, or to maintain or raise their level of pay. They are particularly vulnerable when they feel their employment alternatives are limited or non-existent or when they feel they do not have support to resist the demands of the harasser.

While the cultural environment related to sexuality and exotic dancing are at the root of stigmatization, harassment, and assault, the physical layout of strip clubs (already described under physical health risks) as well as policies and actions of club owners and management also contribute to a situation that is both conducive to harassment and to dancers feeling they must accept this treatment as part of the job. Several conditions contribute to sexual harassment and assault of exotic dancers:

- Absence of clear rules and support from management forbidding sexual harassment and assault;
- An ethos of ‘the customer is always right’ accompanied by absence of any protection or support for dancers;
- Absence of bouncers;
- Encouragement of excessive alcohol consumption by customers, lowering their inhibitions and impairing their judgement;
- Pressure on dancers to participate in drinking with customers, lowering their inhibitions, impairing their judgement;
- Ignoring drug use or trade within the club, contributing to lowered inhibitions and impaired judgement on the part of customers and dancers;
- Lack of respect for and sexual harassment of dancers by club staff.

The social environment external to the club also influences how dancers are treated both inside and outside the strip club:

- Stereotyping of dancers as sexually available to any customer, or to any man whether in or outside the strip club, contributes to harassment, stigmatization and assault;
- Lack of or inadequate response from police to dancers’ complaints of harassment or assault increases risk and sends the message to dancers that their sexual safety doesn’t matter.

SUBSTANCE USE (LEGAL AND ILLEGAL)

The sale of alcohol is a primary method of income generation for strip clubs. The role of dancers is commonly seen to be that of attracting customers to the clubs, keeping them there, and keeping them spending money on alcohol. Clubs may encourage dancers to drink with customers as part of their ‘entertainment’ function. For some dancers alcohol is a coping mechanism that helps them deal with the demands of their job and the stigmatization and harassment that they face both on and off the job. In Ontario, the very youngest of dancers, who can work at the age of 18, are ‘under age’ for consuming alcohol.

Some dancers use alcohol or drugs for recreation, relaxation, or to manage work-related stress. For some, substance use is a coping mechanism that helps them deal with the demands of their job and the stigmatization and harassment that they face both on and off the job. Some strip clubs are also known as places where illicit drugs circulate. Their presence, the expectation that dancers will ‘socialize’ with customers, the offers of drugs to dancers by customers, and the search for coping mechanisms on the part of some dancers, can pressure dancers into substance use.

The role of dancers is commonly seen to be that of attracting customers to the clubs, keeping them there, and keeping them spending money on alcohol...the very youngest of dancers, who can work at the age of 18, are ‘under age’ for consuming alcohol.

Some dancers are able to manage their use in such a way as to maintain their alertness and control. For some dancers and customers alike, however, the effect of substance use is to decrease inhibitions and impair self-control and rational decision-making. This may contribute to sexual harassment and assault on the part of customers and/or a willingness on the part of dancers to move beyond the boundaries they have set for themselves with respect to physical or sexual contact. Beyond these immediate effects, there are longer-term physical and mental health consequences of substance use and abuse.

Factors contributing to risks of or from substance abuse are:

- Disjuncture between the legal age for working as an exotic dancer and the legal age for consuming alcohol;
- Management ignoring the use and sale of illegal drugs in their clubs;
- Pressure on dancers to participate in alcohol or drug use with customers as part of socializing with them and encouraging them to remain in the strip club;
- Absence of ways to safely dispose of needles;
- Poor work conditions, stigmatization, and harassment of dancers that create a need for coping mechanisms.

ADDRESSING OCCUPATIONAL HEALTH AND SAFETY

The solution to on-the-job risks to health and safety includes legislation that sets out standards for work conditions and provides mechanisms for enforcing such standards together with education of employers and workers to alert them to hazards and ways to eliminate or reduce them. Dancers have formed groups to advocate for improvement to work conditions and to provide education and support for dancers. Some Public Health Units have taken an active role to reach out to dancers for health promotion. Besides these initiatives, there has been little attention paid to the occupational health and safety of dancers.

The following chapters address areas of legislation that are relevant to and could be used (although at times requiring modification) to address the issues raised in this chapter and recommendations for improving the health and safety of exotic dancing through legislation, policy and programming.

Some Public Health Units have taken an active role to reach out to dancers for health promotion.

LEGISLATION

The physical condition of a strip club, the work expectations and work environment of exotic dancers, and specific threats to their health and safety have been and can be addressed in provisions of federal and provincial legislation and municipal by-laws. This section reviews the relevant legislation. It should be noted that this is not a comprehensive review of all sections of potentially relevant legislation, but merely provides examples of how legislation and by-laws may be used to address occupational health and safety issues related to exotic dancing.

FEDERAL LEGISLATION

The Criminal Code of Canada

The Criminal Code includes several sections that apply both to the work of exotic dancing and to the protection of exotic dancers. When exotic dancers face charges under the *Criminal Code*, these most often relate to:

- Section 167 – engaging in an immoral performance in a theatre.
- Section 173 – engaging in an indecent act in a public place.
- Section 210 – being found in a bawdy house (i.e., a place where the exchange of sexual services for money regularly occurs).

There is considerable confusion among dancers about what constitutes an “immoral performance” or an “indecent act.” The absence of a clear definition in law leaves dancers open to being arrested and charged based on the views of local police and prosecutors. The court then decides whether the *Criminal Code* applies. Recent rulings demonstrate that the confusion of dancers is well founded,⁵ since court interpretations and decisions vary.

Dancers or customers who have contact that could transmit a sexually transmitted infection or HIV (e.g. oral, vaginal, or anal intercourse without a condom) might also be charged under section 268 of *The Criminal Code*. To date, this law has only been applied to HIV, however, the Supreme Court of Canada noted that it could be extended to other sexually transmitted infections that *constitute a significant risk of serious harm*⁶. For HIV, a person can be charged if they deliberately deceive a sexual partner or do not disclose that they are HIV-positive. The Supreme Court has held that there could not be true consent to sexual relations without disclosure of HIV status.

If a dancer is assaulted or forced to engage in sexual acts against her will, depending on the specific circumstances, charges may be laid against the perpetrator (whether a customer, other club staff, or owner) under:

- Criminal harassment (s. 264);
- Uttering threats (s. 264.1);
- Assault (s. 265);

⁵ See, for example, R. v. Butler (1992); R. v. Mara (1994; 1996; 1997); R.v. Tremblay (1993); and the discussion of these cases in Lewis & Maticka-Tyndale (1998) and Lewis (1999).

⁶ R.v. Cuerruer, (1998) S.C.J. No. 64 (cited to Quicklaw).

Exotic dancers face charges under the Criminal Code, these most often relate to engaging in an immoral performance in a theatre, an indecent act in a public place or being found in a bawdy house.

- Assault with a weapon or causing bodily harm (s. 267);
- Aggravated assault (s. 268);
- Sexual assault (s. 271);
- Sexual assault with a weapon, threats to a third party or causing bodily harm (s. 272);
- Aggravated sexual assault (s. 273).

In interviews, dancers frequently spoke of harassment and threats, and some also spoke of experiences of assault. Filing complaints with police, however, was rare. Dancers' experiences with police and courts led them to believe that their complaints would not be pursued and that they might be subject to even further harassment either on the job, or by police, if they did complain.

The *Criminal Code of Canada* also deals with offences related to the use of alcohol and illegal drugs. Specific offences relating to drugs are enumerated in the *Controlled Drugs and Substances Act*. The definition of possession is found in the *Criminal Code*. The two pieces of federal legislation are used together. Charges related to alcohol use are most often those of disorderly conduct and traffic related offences.

ONTARIO PROVINCIAL LEGISLATION

There are four types of provincial legislation that are applicable here: legislation related to buildings, legislation related to work and workers, legislation that licences and regulates the sale of liquor, and legislation that provides compensation to victims of workplace injuries or crimes. The *Ontario Building Code* and the *Fire Protection and Prevention Act* are the primary forms of legislation related to buildings. They stipulate requirements to insure the safety of building occupants – including customers and workers. The *Occupational Health and Safety Act*, and the *Health Protection and Promotion Act* are those that apply to conditions of and at places of work. The applicability of several of these *Acts* depends on whether they apply to employers, employees, independent contractors or workers. When dancers work free-lance, they generally do not qualify for protections afforded to employees. Thus, *Acts* or sections of *Acts* that use the terminology of employer-employee do not apply. *Acts* and sections of *Acts* that refer to workers or independent-contractors do apply to free-lance workers. In some cases, e.g. sections of the *Occupational Health and Safety Act*, the applicability of provisions is unclear since the terminology refers to workers (that applies to dancers) and employers (which is not the relationship of a club owner to a free-lance dancer). The *Liquor Licence Act* regulates the sale of liquor and the *Workers' Compensation Act* and *Compensation for Victims of Crime Act* provide compensation to victims.

This section lists and briefly describes sections of provincial legislation that may address conditions related to the health and safety of exotic dancers. For *Acts* that deal with work or workplaces, whether and how legislated provisions are applied depends on the interpretation of the employer-employee-worker sections of the legislation and, often, on the willingness of a dancer to file a complaint, since enforcement of much of this legislation is based on inspections pursuant to a complaint being filed.

There are four types of provincial legislation that are applicable here: legislation related to buildings, legislation related to work and workers, legislation that licences and regulates the sale of liquor, and legislation that provides compensation to victims of workplace injuries or crimes.

**Legislation Related to Buildings:
Ontario Building Code Act**

The *Ontario Building Code Act* sets out requirements related to the physical layout and construction of a strip-club. These include specifications that deal primarily with:

- Fire safety – e.g. the presence of fire-proof doors in certain areas; use of flame-retardant materials; number and location of sprinklers; number of windows; location and type of ventilation; location, number and lighting of exits; nature of exit-doors; access to the premises by fire fighting equipment and personnel.
- Occupant safety – e.g. number of occupants permitted; minimum size/area of rooms; plumbing and drainage including drinking water; regulations related to areas where food is prepared.
- Employee and occupant needs – e.g. number of toilets based on number of allowable occupants and employees, requirement for hot and cold water, stipulations related to dressing rooms and storage lockers for employees.

Municipalities are responsible for enforcing the *Building Code*. This typically requires filing building plans, review and inspection of building plans and building sites during and immediately following the construction or renovation of facilities and then inspections based on complaints. Of note is that anyone – customer, worker, or member of the public – can report a suspected building code violation and the municipality is responsible to follow-up on such a complaint with an inspection and appropriate action. If a building is in violation of the *Building Code* it may be closed. In the case of a bar, the liquor license may also be suspended.

Fire Protection and Prevention Act

Part Two of the *Fire Protection and Prevention Act* prescribes numerous provisions for building and occupant fire safety including:

- Fire separations and closures between specific areas of the club, that must be kept in good repair;
- Moveable partitions, curtains, drapes, decorative materials must comply with a fire-retardant rating;
- Fire access routes and access panels or windows provided to facilitate access for fire-fighting operations must not be obstructed;
- Location of individual work areas adjacent to aisles;
- Maintenance of lighting for and access to exits;
- Exiting of the building and of sections of the building through doors must be possible without the use of keys;
- Portable extinguishers must be conspicuously identified and kept fully operable.

Inspections for compliance are conducted by local fire departments on a regular basis and when complaints are filed. Non-compliance can result in a business being closed.

The Ontario Building Code Act sets out requirements related to the physical layout and construction of a strip-club.

Customer, worker, or member of the public – can report a suspected building code violation and the municipality is responsible to follow-up on such a complaint with an inspection and appropriate action.

The Fire Protection and Prevention Act prescribes numerous provisions for building and occupant fire safety.

**Legislation Related to Workers and Workplaces:
Occupational Health and Safety Act**

The *Occupational Health and Safety Act* prescribes the rights and duties of employers, employees, and workers⁷ regarding health and safety in the workplace. The *Occupational Health and Safety Act* reinforces some of the provisions of the *Building Code*, requiring employers to insure that floors, stages, pillars, etc. meet *Building Code* requirements. In addition, Part III of the *Occupational Health and Safety Act* has the following requirements:

- An employer must provide information, instruction, and supervision to a worker to protect the health or safety of the worker;
- An employer must post at a conspicuous location in the workplace a copy of the occupational health and safety policy;
- An employer must post in the workplace, a copy of the *Occupational Health and Safety Act* and any explanatory material prepared by the Ministry of Labour, both in English and the majority language of the workplace, outlining the rights, responsibilities and duties of workers.

Other parts of the *Occupational Health and Safety Act*:

- Empower workers to stop work if they feel their safety is at risk;
- Empower workers (or anyone) to place an anonymous complaint if they feel a workplace is not in compliance with the provisions of this act;
- Prohibit employers from exacting reprisals (e.g. discipline, dismissal, threat, penalty, suspension) from workers for taking action under this act;
- Require an inspector to examine work premises when a complaint has been made (together with a representative of the workers and the employer);
- In certain types of work establishments, require the formation of a health and safety committee that includes worker representation to regularly oversee situations related to the health and safety of workers.

The provincial Ministry of Labour is responsible for enforcing the *Occupational Health and Safety Act* and complaints related to occupational health and safety should be filed with this Ministry.

Health Protection and Promotion Act

Under the *Health Protection and Promotion Act*, every Ontario Board of Health must ensure the provision of health programmes and services in five areas, two of which are control of infectious and reportable diseases, and health promotion, health protection, and disease and injury prevention. Their mandate to deliver programmes and services is extended under section 9 of the *Act* which states that Boards of Health may provide health programmes or services in any area in the health unit if they are of the opinion that the programme or service is necessary and desirable and the Councils of municipalities in the area approve of them. Besides their responsibility for delivering programmes and services, inspections and enforcement of several municipal by-laws and

⁷ Note that this includes independent contractors who perform their work in a workplace controlled by the employer.

The Occupational Health and Safety Act prescribes the rights and duties of employers, employees, and workers regarding health and safety in the workplace.

provincial acts (e.g. smoking by-laws; inspections of premises where food is prepared) fall within the jurisdiction of Health Units. Several Health Units have outreach programmes to exotic dancers, providing health promotion programmes and services (e.g. flu and Hepatitis B vaccination).

**Legislation Regulating Sale of Alcohol:
Liquor Licence Act**

In order to sell and serve alcohol a strip-club must obtain a licence under the *Liquor Licence Act*. This act requires that an establishment pursuing licensing must first comply with all relevant municipal by-laws, the *Ontario Building Code Act* and the *Fire Protection and Prevention Act*. If a club is not in compliance with these acts, the owner is at risk of losing the licence to sell liquor. In addition, the *Liquor Licence Act* prohibits sale or serving of liquor to anyone under the age of 19 years and to anyone who is already intoxicated (sections 30 and 31).

The Liquor Licence Act requires that an establishment pursuing licensing must first comply with all relevant municipal by-laws, the Ontario Building Code Act and the Fire Prevention and Protection Act.

**Legislation Compensating Victims:
Workers' Compensation Act**

The *Workers' Compensation Act* compensates workers who are insured under workers' compensation for injuries that occur while conducting their work. Payment into workers' compensation insurance may be made by an employer for an employee or directly by a worker. For freelance dancers to be covered, they have to pay into workers' compensation. Although this is an option, dancers rarely contribute. Often dancers are unaware that they are eligible for coverage, they have not heard of any successful claims being filed by dancers and therefore believe payment into compensation insurance is a waste of money, or they are concerned about establishing a permanent record of their employment as a dancer and the potential for discrimination and harassment because of their occupation. When an injury of an insured worker occurs, decision about payment to the worker is based on a review of the situation and a judgement that the injury was, in fact, work related.

For free lance dancers to be covered, they have to pay into workers' compensation. Although this is an option, dancers rarely contribute.

Compensation for Victims of Crime Act

The *Compensation for Victims of Crime Act* applies to victims of crimes (e.g. assault, sexual assault). It outlines the procedures for applying for compensation to the Criminal Injuries Compensation Board, eligibility criteria for compensation, procedural rules for compensation hearings, what are considered by the Board in determining whether or not to make an order of compensation, and maximum payments. It should be noted that, in forming a judgement about whether a victim is eligible for compensation, the Board takes into consideration a variety of circumstances. These include the actions of the victim and whether they may have contributed to the injury.

MUNICIPAL BY-LAWS

Municipalities control strip clubs through zoning by-laws that restrict the areas of a municipality where a strip-club may be located and licensing by-laws that stipulate requirements for a club to be licensed to operate within the municipality. Some municipalities also require exotic dancers to hold a licence and control who can work as an exotic

dancer through the licensing by-law. The example of the Toronto by-law that licences strip-clubs (known as adult entertainment parlours) will be used here. By-laws in other Ontario municipalities have similar provisions, although not all by-laws are identical.

City of Toronto Municipal Code Chapter 545, Article XXXII

Article XXXII of the City of Toronto Municipal Code Chapter 545 prescribes several health and safety standards for adult entertainment parlours (strip clubs) and their attendants (exotic dancers). These include the following requirements regarding the premises:

- Non-locking doors in any areas where services are provided;
- *Adequate* lighting and ventilation;⁸
- Premises and all fixtures and equipment regularly washed and kept in sanitary condition;
- *Effective* utility sink;⁸
- *Adequate*⁶ toilet and washroom accommodation with separate rooms for males and females;
- Washrooms equipped with an *adequate* supply of hot and cold water; liquid soap in a suitable container/dispenser; hot air dryers or individual clean towels, a suitable receptacle for used towels/waste;
- All surfaces and attached accessories of the bath or shower enclosure in shower-bath rooms, and sauna-bath rooms must be self-draining and disinfected at least once a week with a solution approved by the Medical Officer of Health; all showers must have removable cleanable drain covers; and floor surfaces within and without the enclosures must be of a non-slip material;
- Duckboards or cocoa matting must not be used in the shower, bath or steam room and only liquid or powdered soap must be used in the shower rooms (545-378).

In addition, Article XXXII:

- Requires owners and operators of adult entertainment parlours to file a list of services and fees with the Municipal Licensing and Standards Division (545-382);
- Prohibits the use of cameras or recording devices on the premises (545-390);
- Prohibits owners, operators and exotic dancers from consuming or having liquor or a drug (excluding patent medicines & prescription drugs required for medicinal purposes) in their possession while in the adult entertainment parlour (545-388);
- Requires a first aid kit on the premises (545-388);
- Stipulates that any person intoxicated by alcohol or drugs cannot remain in or enter an adult entertainment parlour (545-386).

Most of the issues raised by dancers are covered in the provisions of *Article XXXII*. If it were applied, there would be a substantial improvement in conditions associated

If Article XXXII were applied there would be substantial improvement in conditions associated with the on-the-job health and safety of dancers. It must be noted, however, that the code contains an exemption clause that states that these provisions do not apply to adult entertainment parlours licensed under the Liquor License Act

⁸ What constitutes 'adequate' or 'effective' is not defined in the by-law.

with the on-the-job health and safety of dancers. It must be noted, however, that the code contains an exemption clause that states that these provisions do not apply to adult entertainment parlours licensed under the *Liquor License Act* (545-393). The effect of this exemption is to exclude virtually all strip clubs from the requirements set by this by-law.

Requirements under the *Code* that *do* remain, even for parlours licensed under the *Liquor License Act* include:

- Owners and operators must not permit attendants (exotic dancers) to touch or be touched or have physical contact with any person in the adult entertainment parlour (545-395, 545-396);
- Attendants (exotic dancers) must be within plain view of the mainstage when performing services (545-397). In the case of multiple stages, the owner or operator designates which stage is the mainstage and files this information with the Municipal Licensing and Standards Division (545-398).

RECOMMENDATIONS

This chapter outlines recommendations for enforcement or modification of existing legislation to improve the health and safety of exotic dancers. The Ministry or Department responsible for each recommendation is identified in the right margin.

Most of the occupational health and safety concerns related to exotic dancing appear to already be covered under existing federal and provincial legislation and municipal by-laws. There are two problems, however.

The first problem is that such legislation and by-laws are not uniformly or adequately applied. In some cases this is because the applicability of the legislation to strip clubs or exotic dancers is unclear. This is the case with respect to legislation that addresses rights and responsibilities of employers towards their workers since strip club owners typically do not *employ* exotic dancers (who fit the definition of workers but not employees), but permit them to work on their premises (for a fee). It is also the case with municipal by-laws licensing strip clubs when they exclude clubs from complying with by-law provisions if they have a liquor licence. Another reason that legislation and by-laws are not applied is because most operate on a complaint basis, i.e., potential infractions are only investigated when a complaint is filed. Dancers are unlikely to file complaints both because they are unaware of their rights and of club owners' responsibilities and also because they fear, even with an anonymous complaint, that word will spread that they are "trouble makers" and they will not be able to work. Most often dancers merely tolerate the existing conditions, take personal responsibility to develop strategies to protect themselves, or move to clubs with better conditions. This allows conditions that threaten the health and safety of dancers to continue in some clubs, where they become the working conditions of those dancers who are unable to leave for another club (e.g., immigrant dancers who are obliged to work where their sponsor places them and who know the least about provincial laws and compliance requirements and procedures).

The second problem is that most of the existing legislation was framed without specific consideration of the work environment or conditions of strip clubs or exotic dancing. While the *Ontario Building Code Act*, for example, has provisions for ventilation and maximum occupancy, these were framed from the perspective of fire protection, situations when there is a need for rapid egress from the building, and the load-carrying capacity of various construction materials. Ventilation requirements to reduce the spread of airborne pathogens and second hand smoke (in municipalities where smoking is permitted in strip clubs) and maximum occupancy to permit the safe movement of dancers among bar patrons were not points for consideration.

The following recommendations are made based on the occupational health and safety concerns evident from research on exotic dancing and the experiences brought into consideration by dancers and public health personnel who have experience working with exotic dancers. They take into account the legislation and by-laws that are in place and the context within which dancers perform their work.

*Municipal Councils
Ministry of Labour
Ministry of Health*

*Ministry of Municipal
Affairs and Housing*

ELIGIBILITY AND RESPONSIBILITY

First and foremost, clarification should be provided in legislation and by-laws with respect to the status of exotic dancers and strip clubs.

- This clarification should avoid undue and unnecessary exclusion of dancers from protection under *Occupational Health and Safety*, *Workers' Compensation*, or *Compensation to Victims of Crime* legislation.
- Strip club owners should be held responsible for provisions that protect the health and safety of those who work in their clubs, whether employees or independent contractors.
- Provisions of municipal licensing by-laws setting requirements for safety and sanitation should be applied to strip clubs, regardless of whether they are licensed under the *Liquor Licence Act*.
- Dancers who are the victims of crime should not be held responsible for their victimization because of the actions they take to protect themselves or because of the nature of their work.

***Ministry of Labour
Minister of Justice***

Ministry of Labour

Municipal Councils

Minister of Justice

PHYSICAL PREMISES

The physical condition of strip clubs is covered in provisions of the *Ontario Building Code Act*, *Fire Protection and Prevention Act*, and municipal licensing by-laws. Provisions of these acts related to each of the following areas should be reviewed and amended:

- Ventilation requirements in the main area of the bar, dressing rooms and VIP rooms should be revised to minimize risk of transmission of air borne pathogens.
- Maximum occupancy loads should be reviewed:
 - In the main area of the bar to insure dancers can safely move among customers and perform table dances.
 - In dressing rooms to minimize risk of transmission of airborne infections.
- Lighting throughout the clubs, including VIP rooms and exit areas should be reviewed to decrease the likelihood of tripping, falling, or being assaulted.
- Materials used in construction of the stage and the floors should be resistant to the type of wear produced by stiletto heels and should be required to be kept in good repair to prevent falls while working.
- Poles and other permanently installed props used by dancers should be required to be securely attached and able to support the type of use to which they are put during performances.
- Floors, walls, ceilings, chairs, couches, and props (e.g. poles) in the work areas should be constructed of materials that can be easily cleaned and wiped down.

***Ministry of Municipal
Affairs and Housing
Ontario Fire Marshall***

WORK CONDITIONS

Provisions for safe and healthy work conditions are covered under the *Occupational Health and Safety Act*. The Act sets requirements for both employers and workers to maximize health and safety in the workplace. Relevant provisions include:

Requiring club owners to:

- Insure each washroom has toilet paper, hot and cold running water, soap and single use paper towels, sanitary product disposal, anti-bacterial cleansers, or hand dryers.
- Provide storage facilities that lock to secure the personal items of each dancer.
- Insure all surfaces in contact with skin or body fluids are frequently cleaned with a cleaning agent that both disinfects and does not damage skin to prevent infection transmission.
- Insure proper clean up of any blood/ body fluid spill.
- Provide containers for proper disposal of sharp objects (e.g. razors, needles).
- Provide refrigerator space, a microwave, and space for dancers to store, prepare and eat snacks and lunch while working.
- Work with the local health unit to facilitate the provision of flu and hepatitis B vaccinations for all interested dancers.
- Employ bouncers who have the responsibility to protect dancers while they are working and when they are entering or leaving the club.
- Establish a 'no tolerance' policy for harassment or assault of dancers.
- Promptly evict patrons who harass, threaten, or assault dancers.
- Install panic buttons in VIP rooms and other judicious locations.
- Minimize the number of physically isolated areas of the club and insure that those that remain have panic buttons and are regularly monitored by bouncers.
- Negotiate costume requirements with dancers permitting them, in particular, to set their own standard for footwear.

Requiring dancers to:

- Label all personal items.
- Refrain from sharing items such as razors and cosmetics.
- Dispose of sharps, condoms, personal waste or garbage in designated containers.
- Remain sober while working.
- Work with bouncers to handle unruly patrons.

The requirements currently set out in the *Occupational Health and Safety Act* are often too general to be applied as measurable standards. The Ministry of Labour needs to establish specific criteria for what constitutes adequacy or sufficiency under each provision so that dancers and clubs alike know when they have met the standards for occupational health and safety.

The *Occupational Health and Safety Act* requires the formation of a health and safety committee comprised of owner and worker representatives. This committee is responsible for overseeing health and safety issues in the workplace, including receiving and dealing with complaints. Because of the mobility of dancers and the free-lance nature of their work, strip clubs do not have such committees and consequently no one is mandated to address health and safety issues related to work conditions. There needs to be an alternative system to that described in this Act for creating occupational health and safety committees that address exotic dancing in strip clubs. One approach is to establish regional committees with representation from club owners (through an organization such as the Adult Entertainment Association of Canada) and dancers (through dancer advocacy groups such as EDAC or DERA) to deal with occupational health and safety issues for clubs in the region.

IMMIGRANT DANCERS

Immigrant dancers appear to be a permanent presence in Ontario strip clubs. Often they are in Canada under stringent control of club owners or managers, have little or no knowledge of Canadian law, services or either of the dominant languages. The presence of immigrant dancers is governed by regulations set by *Human Resources and Skills Development Canada (HRSD)* related to establishing that there are labour force needs that cannot be met by Canadian residents, and those by *Immigration Canada* regarding work visas. It is imperative that these two branches of government develop and provide immigrant dancers with information regarding relevant laws, by-laws, legislation, rights and responsibilities, services available, and how to proceed if they perceive that their rights are being violated or are in danger. These must be available in their own language. In addition, it is imperative that *HRSD* and *Immigration Canada* insure that dancers are not being brought in to Canada under false pretences and that employers meet all stipulated requirements.

*Human Resources
and Skills
Development Canada
Immigration Canada*

PROTECTION FROM HARASSMENT AND ASSAULT

The *Criminal Code of Canada* insures all residents protection from harassment and physical and sexual assault. The exotic dancers participating in the STAR research consistently reported a strong reluctance to contact police when they were victimized. Their experiences with police were more likely to reflect disrespect, and discrediting and disbelief regarding the claims they were making. Some dancers even reported instances where police protected their harassers and assailants rather than protecting them, or arrested dancers who were protecting themselves against assault. Education in police academies as well as in-service education of officers, and a process that makes it easier for dancers to file complaints against officers when they are treated inappropriately are essential. It is recommended that the Justice Ministry develop a training module for police officers in consultation with exotic dancer organizations (e.g. EDAC, DERA) with the goal of insuring that exotic dancers are afforded the right of police protection that is available to all residents of this country and that they are treated with dignity and respect when they contact police.

*Minister of Justice
Ontario Civilian
Commission on
Police Services*

EDUCATION, SUPPORT AND ADVOCACY

Education about the conditions of work and the treatment of exotic dancers by their customers, club owners and managers, police and the public, together with education of dancers about ways to maintain health and safety on the job, are important components of improving occupational health and safety. Targets for such education about factors that increase or decrease risks to the health and safety of exotic dancers include:

- Club owners and managers.
- Exotic dancers and their organizations.
- Legislators and lawmakers at the federal, provincial and municipal level.
- Police, bureaucrats, and inspectors charged with law and by-law enforcement.

Exotic dancer organizations in Ontario have been actively involved in such education activities, as well as in providing support to dancers. In addition, a few health units have set an example of developing educational programmes, advocacy, and outreach for the purpose of improving the health and safety of exotic dancers. In at least two cases (Peel and Ottawa), Health Units have worked with exotic dancer associations on issues of education, support and advocacy. These examples demonstrate the feasibility and importance of coalitions between dancers' groups and Health Units. Such coalitions can provide the combined expertise and resources necessary to advocate for change in legislation, policy and programme, to help oversee such change, and to provide the education and support services needed for dancers to improve their current situation and actively participate in change.

For existing legislation to be effective, workers must know what they can legally expect in the workplace and how to deal with situations where they believe legally mandated requirements are not being met. Peel Health Unit has been involved in an initiative to create posters for display in dressing rooms of strip clubs that would convey basic information about acceptable workplace conditions and what may be done if these are not provided. A poster template, based on the work of Peel Health, in collaboration with exotic dancers is available in Appendix F. It is recommended that:

- In consultation with dancers, each Health Unit produce posters with information appropriate to their local region. The template in Appendix F provides an example of the information such a poster may include.
- A clause be added to strip club licensing by-laws to require the prominent display of these posters in strip club dressing rooms.
- Environmental Health Officers/Inspectors be mandated to deliver posters to strip clubs and ensure their appropriate placement and display.

An important original goal of the Exotic Dancers Health and Safety Work Group was to develop a profile of a *Model Club* that could be used by municipal governments, the Ministry of Labour, and regional Health Units as a standard in developing Acts, Codes, by-laws and interventions related to on-the-job health and safety of dancers. Unfortunately, because of a shift in priorities at the Peel Health Unit, this task was not completed. We recommend that the Provincial Ministries of Health and Labour use the information in this

*Ministry of Health and
Long Term Care
Public Health Units*

Public Health Units

Municipal Councils

*Ministry of Health and
Long Term Care
Public Health Units*

report to initiate work on developing a profile of a *Model Club*. Work on this project should involve existing organizations of exotic dancers such as the *Exotic Dancers Association of Canada* and the *Dancers Equal Rights Association of Ottawa-Carlton*, and the association of club owners (*Adult Entertainment Association of Canada*). This profile must be specific in its criteria (e.g. size of dressing room and number of toilets based on number of dancers who work the busiest shift, job description of bouncers, location of panic buttons, etc.) and should become the standard expected, and potentially mandated through appropriate legislation, for all strip clubs.

CONCLUSIONS

Exotic dancers are members of the Canadian labour force. As such they should be protected as workers from unnecessary occupational health and safety hazards. Research with exotic dancers in southern Ontario and a review of federal, provincial and municipal acts, codes and policies lead to the conclusion that exotic dancers have been overlooked in the formation and implementation of relevant policy. This is unacceptable. The goal of the contributors to this report is to motivate policy makers and implementers to correct the injustice inherent in the situation of this group of workers. The report provides specific examples of workplace hazards, examples of legislation, policy and programme that could be used to ameliorate these conditions, and recommendations for changes in legislation, policy and programme. This is the first step. It is now the responsibility of the Ministries and organizations named here to take action.

REFERENCES

The following references were used in completing this document.

Bruckert, C. (2002) *Taking it off, putting it on: Women in the strip trade*. Toronto: Women's Press.

Bruckert, C. & Dufresne, M. (2002) Reconfiguring the margins: Tracing the regulatory context of Ottawa strip clubs. *Canadian Journal of Law and Society*, 17, 69-87.

DERA – Dancers Equal Rights Association of Ottawa-Carleton (2001). Mission Statement. Unpublished manuscript.

EDA – Exotic Dancers Alliance (2000). The Naked Truth: An information resource for exotic dancers in Ontario. www.livegirlproductions.com

Lewis, J. (1999). Controlling Lap Dancing in Ontario, Canada. In R. Weitzer (Ed.), *Sex as Work: Prostitution, Pornography, and the Sex Industry*. New York: Routledge. P. 203-216.

Lewis, J. (1998) Lap Dancing: Personal and Legal Implications for Exotic Dancers. In J. E. Elias, V. L. Bullough, V. Elias, and G. Brewer (Eds.), *Prostitution: On Whores, Hustlers, and Johns* (pp. 377-391). Amherst: Prometheus Press.

Lewis, J. (1998) Learning to Strip: The Socialization Experiences of Exotic Dancers. *Canadian Journal of Human Sexuality*, 7(1), 51-66.

Lewis, J. & Maticka-Tyndale, E. (1998) *Final Report: Exotic/Erotic Dancing, HIV/AIDS Related risk Factors*. Health Canada; Ottawa.

Maticka-Tyndale, E., Lewis, J., Clark, J., Zubick, J., Young, S. (1999) Social and cultural vulnerability to sexually transmitted infection: The work of exotic dancers. *Canadian Journal of Public Health*. 99 (1): 19-22.

Maticka-Tyndale, E., Lewis, J., Clark, J., Zubick, J., Young, S. (2000) Exotic dancing and health. *Women and Health*. 31 (1): 87-108.

Ross, B. (2000) Bumping and grinding on the line. *Labour/LeTravail*, 46, 221-250.

The Dictionary of Canadian Law

COURT CASES

Ontario Adult Entertainment Bar Association v. Metropolitan Toronto (Municipality) (1997), 118 C.C.C. (3d) 481.

R. v. Butler, (1992) 1 S.C.R. 452.

R. v. Cuerruer, (1998) S.C.J. No. 64 (cited to Quicklaw).

R. v. Hawkins (1993), 15 O.R. (3d) 549.

R. v. Mara, (1994) O.J. No. 264 (Quicklaw).

R. v. Mara (1996), 27 O.R. (3d) 643.

R. v. Mara (1997), 115 C.C.C. (3d) 539.

R. v. Tremblay, (1993) 2 S.C.R. 932.

LEGISLATION REVIEWED

Building Code Act S.O. 1992, c. 23.

City of Toronto Municipal Code Chapter 545. Licensing Article XXXII. (June 20, 2002)

Compensation for Victims of Crime Act, R.S.O. 1990, c. C. 24.

Criminal Code, R.S.C.. 1985, c. C-46.

Employment Insurance Act, S.C. 1996, c. 23.

Fire Protection and Prevention Act S.O. 1997 c. 4 & O. Reg. 407 197

Health Protection and Promotion Act, R.S.O. 1990, c. H. 7.

Liquor Licence Act, R.S.O. 1990, c. L. 19.

Municipal Act, S.O. 2001, c. 25.

Occupational Health and Safety Act, R.S.O. 1990, c. 0.1.

Workers' Compensation Act, R.S.O. 1990, , c. W. 11. repealed Jan. 1. 1998.

Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Sched. A.

APPENDIX A: EXOTIC DANCERS HEALTH AND SAFETY WORK GROUP

GOAL:

To improve the health and safety standards within the exotic dancing industry by developing and disseminating a position paper outlining the requirements (expectations) that define a model club.

MEMBERS:

For Peel Health – each of the following contributed (in turn) to the work on this report:

Sue Fernane, Rhonda Collis, Lucie Imbiscuso, Leigh Miller

For Toronto Public Health – each of the following contributed (in turn) to the work on this report.

Zoë Haslan, Tracy Leach, Kim Martyn

For Guelph Health

Oscar Reimer

For Exotic Dancers Association of Canada

Mary Taylor

For Exotic Dancers Alliance

Paula Snellgrove

For STAR

Rhonda Collis

Eleanor Maticka-Tyndale

Paula Snellgrove

Mary Taylor

OTHER CONTRIBUTORS:

Rita Owens, Adult Entertainment Association of Canada

Lynn Beath, Guelph Health

APPENDIX B: SEX TRADE ADVOCACY AND RESEARCH (STAR)

www.uwindsor.ca/star

WHO WE ARE

Community partners, researchers and students working together to improve the health, safety and well-being of sex workers through research, information, programmes and policies.

MEMBERS

Jacqueline Lewis, Ph.D.
Department of Sociology & Anthropology
University of Windsor

Eleanor Maticka-Tyndale, Ph.D.
Department of Sociology & Anthropology
University of Windsor

Frances M. Shaver, Ph.D.
Department of Sociology & Anthropology
Concordia University

Exotic Dancers Alliance of Ontario (EDA)

Exotic Dancers Association of Canada (EDAC)

Maggie's, Toronto

Region of Peel Health Department

Stella, Montreal

APPENDIX C: RESEARCH CONDUCTED ON EXOTIC DANCING BY MEMBERS OF STAR

Two research projects conducted by members of the STAR team supported the work on this document.

Study 1

The first study was conducted by Jacqueline Lewis and Eleanor Maticka-Tyndale with funding from the National Health Research and Development Programme. It was an exploratory study of female exotic dancers conducted between June 1995 and February 1998 in southern Ontario (from Peel region to Windsor). Observations took place in 10 clubs and in-depth interviews were conducted with 30 dancers and 8 club employees. Bars and dancers were selected using theoretical or purposive sampling to insure representation from a broad range of dancers and strip clubs. Dancers were sampled to represent diverse career trajectories, locations of work, and experiences in dancing.

There were three stages to the analysis of interview transcripts and club observations. In the first stage the interviews were read to extract sections of transcripts that dealt with health and safety concerns for dancers. In the second stage, information from interviews and observations was used to place the health concerns within the context of specific types of strip clubs and broader social, political and economic structures. This process created a template of health and safety issues related to both local and broader social contexts.

Two peer-reviewed publications and a report addressing health and safety issues were produced using the results of this research:

E. Maticka-Tyndale, J. Lewis, J. Clark, J. Zubick, S. Young. (1999) Social and Cultural Vulnerability to Sexually Transmitted Infection: The Work of Exotic Dancers. *Canadian Journal of Public Health*. 90:1:19-22

E. Maticka-Tyndale, J. Lewis, J. Clark, J. Zubick, S. Young. (2000) Exotic Dancing and Health. *Women and Health*. 30 (2):87-108.

J. Lewis, E. Maticka-Tyndale (1998) *Erotic Dancing: HIV Related Risk Factors*. Report submitted to National Health Research and Development Programme. Canada. 26 pp.

Study 2

The second study was conducted as a collaborative partnership referred to as STAR that brought together academics and community partners representing several sex worker organizations and Peel Health Unit. The Social Sciences and Humanities Research Council funded this project. The focus was on how public policies influence the working lives, conditions of work, and the health, safety and well-being of sex workers in Toronto and Montreal. In Toronto, interviews were conducted with 61 sex workers and 17 key informants between 2000 and 2004. Fifteen of the interviewees had extensive experience working as exotic dancers. Relevant policy documents were also reviewed (e.g., the *Crimi-*

nal Code of Canada, municipal regulations and bylaws, social service policies, occupational health and safety and labour codes).

The sampling and data analytic techniques used in Study 1 were replicated here. An additional step to the analysis was to compare the health and safety concerns raised by sex workers to the policy documents relevant to these areas.

APPENDIX D: ONTARIO ORGANIZATIONS SERVICING DANCERS AND STRIP CLUB OWNERS

EXOTIC DANCERS' ALLIANCE (EDA)

Founded in 1993 by a small group of dancers working with assistance from the Region of Peel Department of Health. As of September 2004, this organization was inactive.

Mission Statement:

The Exotic Dancers' Alliance (EDA) is a Canadian, not for profit organization of current and former exotic dancers, community groups, government agencies, and interested businesses and individuals. The EDA enables exotic dancers to promote their health, safety and well-being in a collaborative manner.

EXOTIC DANCERS' ASSOCIATION OF CANADA (EDAC)

Mission Statement:

The Exotic Dancers' Association of Canada promotes setting standards in the exotic entertainment industry to ensure a better quality of life.

For more information visit:

<http://www.exoticdancerscanada.com/>

or contact:

Exotic Dancers Association of Canada

2343 Brimley Road, Suite 708

Toronto, ON M1S 3L6

1-888-295-7335

Email: mtaylor@peelandplay.com

DANCERS EQUAL RIGHTS ASSOCIATION OF OTTAWA-CARLETON (DERA)

The Dancers' Equal Rights Association is a non-profit organization working to improve health, safety, human and labour conditions for exotic dancers in Ottawa through advocacy and public education.

For more information, contact:

Dancers Equal Rights Association

P.O. Box 71096

Ottawa, ON K2P 1W0

613-786-1149

Email: deradancers@yahoo.com

ADULT ENTERTAINMENT ASSOCIATION OF CANADA

An association of owners of adult entertainment parlours that works to on behalf of the interests of association members.

APPENDIX E: RESOURCES FOR EXOTIC DANCERS AND THOSE WORKING WITH DANCERS

Both of the brochures below were produced by Stella, a Montreal organization for sex workers. Available at: www.chezstella.org or by calling 514-285-8889.

- *Striptease Guide*
- *XXX Guide.*

These brochures were produced by STAR and can be accessed through their website: www.uwindsor.ca/star

- *Dancing Matters*
- *Health Matters*
- *Law Matters*
- *Money Matters*
- *Security Matters*

Brochures are also available in French

APPENDIX F: TEMPLATE BASED ON POSTER-IN-PROGRESS

Phone numbers and by-laws must be adapted to the local municipality. This poster is not yet complete. In particular, it lacks information on potential applicable occupational health and safety legislation, worker's compensation, and municipal bylaws. It is offered here as a template that Health Units and municipalities may wish to consider developing for themselves. We recommend that any posters be developed in collaboration with local exotic dancer groups to insure the style, wording and issues are relevant to dancers.

If you encounter a problem at work that can endanger your health or safety, there is something you can do:

- Check the list below and find out who to call;
- Unless indicated otherwise, you can make an anonymous report or complaint.

Call to improve your own working conditions and to protect your health and safety!

The Building Code *[or name of local bylaw if there is one in the jurisdiction where the poster is displayed]* sets requirements for the building in which you work. For example, if there are holes in the wall or ceilings, no doors or doors that don't latch properly to washrooms or change rooms, if the plumbing and heating systems don't work properly, or if you want further information about what must be provided at your place of work, call *[insert name of office and local phone number]*.

The Ontario Fire Code deals with the safety of anyone in the club from fire. For example, it decrees that materials used in a club must be fire retardant, that exit doors must be lit and not locked while the club is open, that there must be an easy way to exit the building, that fire extinguishers must work. If you think there are violations of the fire code, or want information about what is covered in this code, call *[insert name of office and local phone number]*.

Environmental Health Inspectors are responsible for insuring that any establishment that serves food is sanitary (including access to soap and water in bathrooms used by kitchen and wait staff), and that food is handled, stored and prepared safely. They are also responsible for enforcing any local smoking by-laws. If you want more information or think there are violations, you can call *[insert name of office and local phone number]*.

Police have the responsibility for insuring your safety from criminal harassment or physical or sexual assault. They also are responsible for enforcing the *Criminal Code* and some municipal bylaws. If you have been harassed or assaulted, it is important that you notify the police. If, however, you are concerned about how your call will be received, you may want to consult a local Exotic Dancers or Sex Workers organization. Your local organization can give you advice in many areas related to your profession, including strategies for dealing with clients or staff who may make it difficult for you to do your work, for dealing with conditions at work that make you uncomfortable or fearful, for handling concerns related to your health or safety, as well as information on what may happen if you place a complaint with police. They also can be a good source of support and put you in contact with other dancers.

The local organizations in your area are: *[insert name and local contacts]*.

There are also resources on the Internet that you may find useful:

The *Striptease Guide* can be found at www.chezstella.org

Dancing Matters can be found at: www.uwindsor.ca/star



The Exotic Dancers' Alliance



Maggie's

Sex workers helping ourselves.



Concordia

Real education for the real world
On vous prépare pour le monde



This project was funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) and the National Network on Environments and Women's Health (NNEWH). NNEWH is financially supported by the Centres of Excellence for Women's Health Program, Women's Health Bureau of Health Canada.

December 2004