

## PROSTITUTION AS A PSYCHIATRIC SITUATION: ETHICAL ASPECTS

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### SUMMARY

*This paper presents the morally controversial phenomenon of prostitution. As the basis for contemplating the prostitution issue the most important is revealing and understanding its primitive ethical root. For understanding its "soul", its essence, also important is comprehending sexual, "elementary thoughts" of mankind, through the relationship between prostitution and religious, social, political and spiritual life, and its nature as a reflection of the sexual-ethical concepts in different epochs and nations.*

*We emphasize the connection between prostitution and psychiatry. Placing a special focus on importance of personality for deciding to become a prostitute, and by pulling it through a moral prism we define prostitution as a new medical situation. In favor of that, we stress the importance of the presence, position and role of psychiatrists within an indispensable multidisciplinary team, which is complementary despite its heterogeneity, synergistically and simultaneously dealing with psychological, physical and social health-problems of women engaged in prostitution. We propose peer education as a way of promoting healthy and safer behaviors among the subculture of prostitutes, where we see another important role of psychiatrists in selecting/recruiting, training and motivating peer educators among them.*

**Key words:** ethics – prostitution – psychiatry – psychiatrist

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### INTRODUCTION

The simplest, most operationalized definition of prostitution is that prostitution is a lending (for money or other purposes) of one's body to other persons so that they can satisfy their sexual needs (Lazarević 2000).

But, the definitions of prostitution emerged, developed and changed simultaneously with the changes of the societies within which prostitutes lived. They were, generally speaking, formed in accordance with the existing requirements of a society as well as with the requirements of its governing groups or individuals. The majority of researchers considered prostitution to have social characteristics, social nature and origin (Konstantinović 1930, Radulović 1986). It was considered as a product of a class society based on private property and, therefore, it would disappear together with the disappearance of that form of social organizing, they thought. Radulovic thinks that societies that do not have commodity production or market exchange can only have some phenomena that resemble prostitution, but not real prostitution. Prostitution was considered as a "social phenomenon", caused much more by social conditions than by legal system of a country, and at the same time, struggle against it was advocated primarily through social measures and only then by legal regulations (Konstantinović 1930). It was also regarded as a form of socio-pathological behavior and life style. (Milosavljević 1976). Others argued that such attitudes

were completely utopian (Ericsson 1980), as well as that prostitution in itself was not "ultimately undesirable". Its undesirability is situational, i.e., in a perfect society it would be definitely entirely redundant (ibidem). Nowadays, prostitution is also known as a form of sex industry, a new branch of the developed world industry of the twentieth century (Mijalković 2005). Prostitution is not a legalized activity in Serbia, neither is it in most countries of this region. Prostitution is treated as misdemeanor. Current social trends of legalization of prostitution open suspicion that prostitution, as the longstanding morally judged phenomenon that is in close relation to psychopathology, thanks to legal system finally get the possibility to be normalized.

Many went on insisting on clear gender determinant of prostitution. Stojanovic said that female person who pursues sexual intercourse or other acts with the purpose of satisfying the sexual requirements with individually indefinite number of persons for financial or other material benefits is considered to be engaged in prostitution (Stojanović 1999). By defining it as a social phenomenon, a product of social inequality, form of a social activity and social deviation, but typical for female gender, Radulović pointed out that it was a true reflection of a woman's position in a society (Radulovic 1986). Prostitution was considered the most denuded form of commercialized sexuality (Radulović 1986), an extreme aspect of woman's subordination and her treat-

ment as a commodity, an object, who uses sex exclusively for material existence (Špadijer-Džinić 1988).

According to Giddens, prostitution encourages the tendency of men to treat women as “objects used” for sexual purposes. Prostitution expresses inequality of power between men and women (Giddens 2003).

Some early papers in this region also considered prostitution a woman's profession, an expression of “a form of social slavery, product of material relationships between social classes, i.e., a social fact. It was argued that only adequate conditions for the development could liberate women from this form of “slavery” (Cvetkov 1908).

In early, radical feminist views, prostitution was also regarded as bedrock of every sexual exploitation, which, in the best possible way, reflects “a class status” of every woman (Barry 1979, Barry 1995). The movement of abolition feminists, who essentially “express hatred of prostitution but are also in fear of it”, supported the opinion that “men enact laws which punish women for becoming something the men's desires have turned them into” (Tanahil 1981).

Long is the history of feminist antagonism with the resulting attitudes of modern and postmodern period ranging from the pole of opinions according to which prostitution is a profoundly offensive action (Jeffreys 2004), one of the aspects of aggression towards women and a form of human violence which should be put to an end, to a diametrically opposed proposition that prostitution is a reasonable profession, or an expression of women liberalization.

Yet, in our opinion, a common denominator in all of the definitions, also reflected in the view of prostitution, is an ever present projection of a society's system of values, moral norms and attitudes towards sexuality in general, a woman, woman's sexuality, and, frequently, their conception of marriage and family. Prostitution is an ethical issue.

As the basis for contemplating the whole prostitution issue, for understanding its “soul”, its essence, some authors set about revealing and understanding its primitive ethical root, comprehending sexual, “elementary thoughts” of mankind, through the relationship between prostitution and religious, social, political and spiritual life, and its nature as a reflection of the sexual-ethical concepts in different epochs and nations. It was also stated that modern organization and differentiation of prostitution had originated straight from the Middle Ages, i.e. it was the product of the antic sexual ethics which reflected the double moral system, and has remained valid ever since (Bloch 1936).

## SEXUAL ETHICS AND PROSTITUTION

### In the ancient time ...

Prostitution as custom-creation was an inseparable part of the history of moral genesis, and after the period of total amorality when the community life was based on traditional values and norms derived from myths and

religious beliefs, so did prostitution exist in its sacral fullness, in the form of the so called religious prostitution. The period of critical reflection of moral, later, dressed prostitution into a new robe. In different societies, as well as different epochs, its colors varied, and the splendor of its display reflected in reality and in its entirety the then prevailing moral consciousness.

Religious prostitution emerges in the communities in which prostitution, in fact, becomes and represents an essential part of the religious cult which strongly reflects the ties between sexuality and religion. It refers to the so called fertility rites during which the reproductive powers are personified and worshiped. (Henriques 1968)

The philosophy of sexual ethics of the ancient world can be vividly seen in a statement of Demosthenes, a famous orator and statesman of ancient Athens: “Wives are to breed children and take care of households; we have hetaeras for entertainment, and for sexual pleasure we have harlots” (Košiček 1991).

Prostitution flourished enormously in Rome as a slave-holding society with rigid marital laws according to which a wife always remains in the possession of a husband due to the ethics composed of discrepancy in the balance and equality of the sexes and with double moral measures. Venus-Aphrodite was not only a patron-goddess of marriage but also of prostitutes. This ambivalent patronage well depicts duplicity of sexual moral.

### Through religions...

The Hindu society of India, which approves the role of courtesan in its sacred book, teaches about human dharma – a duty which a person has to fulfil during life in order to be saved. The duty is predestined by the caste the person was born to, and each caste has its own moral, the rules which apply to each of its members. The same applies to the laws of morality related to sexuality and, according to them, prostitution is an inherited profession of certain, lower castes. A woman was born as a harlot because of some sins performed in a previous life. Upon the emergence of Buddhism, courtesans were allowed to abandon prostitution even during a prostitute's life in this world. Moslem conquerors of India isolate and limit prostitution to a specified city quarter, they start registering prostitutes and making them pay tax, but encouraging them, at the same time, to restrain from it (ibidem). Ambivalence about moral norms and values regarding sexuality was obvious. Nevertheless, public opinion in India in the middle of the twentieth century was that prostitution degraded the position of women.

In the early centuries of Christianity prostitution had already been recognized. That time of great changes was reflected in specific ambivalence in the ethical attitudes with regard to prostitution participants: whereas, on the one hand, a relationship with a prostitute was condemned as explicit sexual immorality, a penalty was imposed on those who kept brothels,

pimping was punished by death penalty, on the other hand, prostitutes were allowed to go to Heaven upon penance. Tax on prostitution meant “official permit for sexual immorality” (Henriques 1968).

At the beginning of the Middle Age, prostitution was a clearly defined activity although Christian preaching’s were strongly against sexual relationships before marriage and out of wedlock, and allowed intercourse just for the purpose of procreation. “Christianity gave poison to Eros; he did not die of it but degenerated into vice”, remarked Nietzsche. St. Augustine’s statement, “Suppress prostitution and capricious lusts will overthrow society”, makes him almost a progenitor of double sexual moral (Košiček 1991). Adultery and prostitution flourished again. Such discrepancy between the beliefs and pragmatism of religion and the Church was explained by an assertion that Christianity was radical only in the matters regarding faith, whereas in those regarding sexual life it was trying to find balance between what was a desirable and what was the existing situation.

Such ethical attitudes to sexuality directed by religion are understood as an attempt of Christianity to regulate sexuality in a socially acceptable manner, and were guided by the need to protect reproduction, the ubiquitous phenomenon of life in general. They were based on the fear-of-punishment conditioning – either through informing or traumatic conditioning. They are the so called “prepared phobias” – predisposed fears, quickly learned because of the biological importance of sexuality (Seligman 1971). But, then again, would religious control be successful at all if it wasn’t for its biological phylogenetic control? (Zdravković 2003)

### **In the modern time...**

Destiny of prostitution in Europe was most closely connected with the changes in the social attitudes to marriage. In the 19th century, the attitude of Christianity, that marital intercourses should have exclusively a procreative purpose, was joined by medical stance that labelled intercourse, although damaging if overdone, an acceptable damage to health, on condition that it was performed simply and without too much waste of feeling (Košiček 1991). Prostitution was given the red light and it glared bright red.

In the twentieth century, prostitution loses its social quality. Its forms reflect more liberal sexual-ethical attitudes of society made by influence of sexual revolution, with its extremely liberal sexual propaganda. Continuing increase in the sexual freedom of women enhanced the opportunities of establishing sexual relationships with women in the society.

Many women practice selling of their bodies for other commodities or services and not for money. (Goldstein 1979). Hereby prostitution is defined as an exchange of any kind of value for sexual services (Davis 1985). It refers to any kind of sexual service exchanged for another kind of commodity, mostly money (Brewis & Linstead 2002, Karras 2004, Shah 2004).

By calling it the “world’s oldest profession”, some just despised it from the aristocratic stance with a false fatalistic generosity (as something traditionally old) (Katunarić 1984). By using the same phrase, the others tried to avoid the feeling of guilt or responsibility, and possible reconsideration of the issue (ASTRA 2001).

### **Feminists and “sex work” - ethical debate over the term**

Many feminist-inclined researchers viewed prostitution and pornography as subjects of the same market, arguing that “the most dramatic change that has happened to prostitution is its industrialization, its becoming a normal fact, and its widespread global diffusion” (Barry 1995). The activity which used to be conducted in small brothels and streets became, thanks to industrialization, a significant market-sector (Sullivan 2007) within a national economy (Lim 1998), and which through globalization has changed into trafficking, sex-tourism (Belleau 2003). According to the feminist attitudes, sex is ultimately an oppressive, socially-construed device of cultural dominance over women in a patriarchal manner.

Emphasizing the importance of psychological factors, and saying that: “Prostitutes are people, not types”, Mc Cormick, led by feministic views, called prostitutes „sex-workers“ (workers in sex industry), and pointed out the importance of studying the health of prostitutes. She also stresses that their interactions and experience are culturally and psychologically based (Mc Cormick 1997). Critical view on prostitution as „sexual work“ is comprised in the attitude that the outlined term is a reflection of just another variant of gender essentialism. This recent, more modern term, the so called “sexual work”, however, presses for entirely ethical debate. The term “sexual work” is not focused on economic aspects of offering sexual services but on the exchange of sexual services for money (Sullivan 2003), thus referring to prostitution as a professional activity. Such determinant of prostitution points more at the manner in which an income is realized, a kind of employment for men and women, than at a social or psychological feature of a woman’s class status (Zatz 1997, Bindman & Doezema 1997, Wardlow 2004). It has been claimed that the term originates from prostitutes themselves it implies dignity and self-respect (Žigić 2008), but also to get it ahead of a wider determinant, “prostitution as a commodity” as well as of the early radical feminist attitudes to sex (Bindman & Doezema 1997). In such style a change has occurred in the domain of public speech by means of which women who engage in prostitution are supported, thus recognizing prostitution as a part of sociocultural sphere of industry, and not moral. What has just been said particularly applies to women who upkeep their children. In Great Britain they are even regarded as responsible persons in sociocultural respect who, as any other person, provide for their families with their work (Day 2001, Fawkes 2005, Ostergren 2007).

## PROSTITUTION BETWEEN NORMALITY AND (PSYCHO)PATOLOGY

Few authors from the end of the 20th century who researched prostitution through medical prism, used to do that through the context of the frequent connection of prostitution with addictions and sexually transmitted diseases. (Potterat et al. 1998, James 1977, Silbert 1982, Goldstein 1979, Surratt & Inciardi 2004). While the results of certain studies supposed that prostitution was necessarily connected with drug use and that these two types of abuse were interdependent (Potterat et al. 1985, James 1977, Silbert 1982), some other studies claimed that this was the case only in lower-class prostitutes (Goldstein 1979), whereas high-class prostitutes took drugs in order to stand the oppressive character of their job. There has been a special emphasis of the link between cocaine addiction and risky sexual behavior and risky behavior such as using drug kits and injections (Roxburg et al. 2006).

Due to this frequent link to addictions and supposing that a "psychological morbidity" precedes an addiction, Michels and Marzuk have concluded that "psychological morbidity" is the basis of prostitution, being its predecessor (Michels & Marzuk 1993).

The consequences of being a prostitute in connection with the subsequent psychopathology (most commonly manifested in PTSD, depression and the above mentioned addictions) have also been proven by research results (Kaysen et al. 2003, Roxburgh et al. 2005)

High abuse rate has been noticed in the interaction between prostitutes and their clients (Farley & Barkan 1998, Harcourt et al. 2001, Kurtz et al. 2004, Church 2001). Authors who dealt with individual life stories of prostitutes used to describe them being frequently sexually abused in childhood, sexual injuries, violent injuries in adulthood and during working as prostitutes. MacNamara links a highly traumatic family background and "broken home" to hostility towards oneself, family and society (MacNamara 1965)

Destabilized families are frequently given as a cause, but are also seen as a consequence of prostitution. Prostitution is, therefore, regarded as a form of a threat to families, a basic social cell within which the "quality of a future person is formed, that is, her/his status (position and role) in the society" (Mijalković 2005).

Prostitution is seen as a socio-pathological phenomenon and a form of socially deviant behavior (Spasić 2006). The purpose of recent study was to test whether specific personality traits differentiate juveniles who engage in prostitution from delinquent non-prostitutes. Results indicated that the two groups did not differ significantly with regard to their personality traits or subtype classifications (Brathwaite 2009). Due to unavoidable connection (high positive correlation) between prostitution and other forms of deviant behavior, particularly alcoholism, gambling and drug abuse, it has become interesting from the aspect of security. In

respect to security prostitution is defined not only as deviant behavior, but a form endangering internal stability of a society, and a harmful activity which produces new criminal activities (Spasić 2006).

Indirectly, prostitution as well produces new forms of harmful activities such as: emergence of new forms of criminal activity, changes in the existing black market work and black market for sex services, economic destabilization through increased "money laundering" and connections with other forms of organized criminal, demographic changes, particularly in rural regions, neglect of family values – family as the basic value of every society, violation of human rights, threat to health safety (spread of HIV and other sexually transmitted diseases), rise in sociopathology (attempted and committed suicides, alcoholism and drug abuse) (ibidem). Spasić also thinks that prostitution can be regarded as the most frequently represented manifestation of sexual exploitation of the victims of organized human trafficking. This fact refers to organized prostitution.

### Prostitution as a psychiatric situation – "a personal thing", but "a thing of personality"

In the search to discover the causes for the existence and perseverance of prostitution, following the idea of Lombroso, who had long ago implied that the root of prostitution lay in morality (Lombroso & Ferrero 1895), i.e., in the personality and Superego as its integral part, many authors tried to fathom out the personality of a prostitute. Some argued that prostitution is a consequence of the moral amputation of sexuality from a person (Ranković 1982). Many authors state the fact that there is no moral crisis in women who engage in prostitution (Reckless 1933, Tiosavljević Marić 2008). Spasić believes that prostitution is a phenomenon which jeopardizes not only physical and psychological but also moral health, crushes all ethical codes of an entire society and destroys families. (Spasić 2006) Psychiatrists, who evaluate prostitution through morality as a psychological function of personality, regard it as a specific dysfunction of moral behavior (prostitution, alcoholism, gambling, ...) which evolves on the basis of disordered moral reasoning, both as regards the form of reasoning and its content (Marić 2005). In other hand, empirical studies have shown that the correlation between moral thinking and moral behavior, in general, is low and random (Blasi 1980, Dreman 1976, Santroek 1975, Jurkovic 1980, Pejović-Milovančević 1998, Rushton 1975, Knežević 2003) and that amoral behavior comes from the specific traits of personality (Knežević 2003.).

The authors who were researching coping, defending, and the relations between moral judgment and moral behavior in prostitutes and other female juvenile delinquents found that all delinquents scored lower on moral maturity and coping and higher on defensiveness than non-delinquents and prostitutes made weaker moral judgments against prostitution than the other delinquents. (Bartek et al. 1993.)

Exner et al. were the first to systematically measure personality in the prostitution population and propose a classification system for various types of prostitutes with different personality profiles. (Exner et al. 1977). Results of the personality assessment by class indicated that streetwalkers, housewives and drug-addicted prostitutes had psychopathology and abnormal personality profiles. They appeared self-centered and immature.

There are also the findings of some research which emphasize that prostitutes, within their psycho-defensive organization, dominantly use immature psychological mechanisms of defense (Vanwesenbeeck 1994, Tiosavljević Marić 2008), as well as those which as motives for engaging in prostitution immaturity point out love of adventure and quick and easy money (Potterat et al. 1985). We may conclude that prostitutes have no mature moral reasoning also because it is reasoning led by immature, ego-hedonistic motives since the guiding idea of a prostitute is to put her own benefits in the first place. They offer socially acceptable excuses and justification for their hedonistic, opportunistic and utilitarian positions (Tiosavljević Marić, 2008). Prostitutes very often use rationalization, which is one of psychological mechanisms of defense which is not mature (Vaillant et al. 1986), to justify their antisocial behavior, behavior which is against the legal and social values and rules (prostitution is not legalized activity in Serbia). In favor of this are findings of recent study which suggests that prostitutes tend to exhibit personality traits associated with antisocial personality disorder (O'Sullivan et al. 1996) and emotional immaturity (Brathwaite 2009). In much more extensive longitudinal study, Brody et al. found that most prostitutes qualify for a diagnosis of antisocial personality disorder (Brody et al. 2005). They found antisocial personality disorder or borderline features (Brathwaite 2009) with depressive symptoms and a predisposition to dissociation (immature mechanisms of defense) are prominent psychological components of female prostitutes (Brody et al. 2005). Along with this we want to emphasize that persons with specifically organized personality traits (histrionic, narcissistic, antisocial types) are characterized by possessing of such immature moral reasoning (Maric 2005) and generally dominantly use immature psychological mechanisms of defense in facing reality (Vaillant et al. 1986).

In our opinion, unfeeling moral reasoning in women who engage in prostitution is also present. Our opinion is based on the fact that we have not come across a research which would demonstrate that such a person has adequately developed a sense of guilt (guilty conscience) as the basic moral feeling. De Shampheliere reported low moral feeling and feelings of resentment in the sample of prostitutes, but also problems with authority. (De Shampheliere 1990) In favor of that is the fact that they ignore social norms and behave in accordance with their personal, socially alienated system of values. Such moral reasoning is also found among clinical population dominantly in persons diagnosed with antisocial personality disorder. (Maric 2005).

## CONCLUSION

Relying on all past author's pondering on, and research findings related to prostitution, emphasizing those which point out its significant connection with addictive diseases, sexually transmitted and blood borne diseases (Potterat et al. 1998, James 1977, Silbert 1982, Goldstein 1979, Surratt & Inciardi 2004) and their significant transmission to general population (Gossop et al. 1995, Tuan et al. 2004, Alegria et al. 1994) we could surely see prostitution as a medical situation.

Prostitution is also seen as a socio-pathological phenomenon and a form of socially deviant behavior. (Spasić 2006) As we displayed, researchers found that not only socio-pathology but very frequently the psychopathology goes along with prostitution whether as its predecessor (a cause or comorbidity) or its consequence. Authors found women who engage in prostitution are immature. They have compromised morality as a psychological function in the way that most prostitutes reason and behave antisocially and without adequate moral feelings (remorse, guilty conscience), i.e. they exhibit antisocial personality traits. Particularly highlighting the necessity of further intensified investigation into the personality, and especially morality as an integral part of personality (a psychological function of personality), of women engaged in prostitution, we add to the definition of prostitution a new psychiatric feature and define prostitution as a new medical situation. By that we want to point that prostitution is not just a personal "thing", but basically "a thing of personality". It is a matter of one with specific character features and certain risk factors that serves only as a trigger for becoming and continuing work as a prostitute.

According to that we would like to stress the importance of the position and role of psychiatrists within an indispensable multidisciplinary team, complementary despite its heterogeneousness, which will synergistically and simultaneously deal with psychological, physical and social health-problems of women engaged in prostitution. It is well-known that health is not merely an absence of disease or infirmity, but a state of complete psychological, physical and social well-being (WHO). We believe that the established multidisciplinary counseling centers, either separate or/and within health/penal institutions, are the most adequate places for conducting interventional and continuous (psycho)pharmacological, psychological and (re)sociotherapeutic processes.

As we already said, prostitution is not a legalized activity in Serbia. Accordingly, we see that the most adequate time and place to start the work of the above mentioned team is while prostitutes are serving their prison sentences. During that time, alongside giving psychiatric help in the form of treating existing psychiatric disorders, psychiatrists would serve another role. That role would consist of assessing and identifying potential peer educators from the members of this marginalized population (considering their personal

characteristics and psychological health). Also to motivate them to collaborate and, with the rest of the team, to teach them relevant health information and skills. Peer education is the teaching or sharing of health information, values and behavior in educating others who may share similar social backgrounds or life experiences (Boyle et al. 2011, Green 2001, Sriranganathan et al. 2010). Good selection of peer educators, which should be effective role models and “opinion leaders” (Kelly 2004) who their peers would wish to emulate, is what we see as one of the most important parts of the whole educating process. Because we know that money is the greatest motivator for women who are engaged in prostitution, a small honorarium or a reasonable salary would be additional motivational factor for becoming or remaining a peer educator, for those who don't want to be unpaid volunteers. Further, by the psychiatrists well selected, then trained peer educators would make positive influence on members of their own subculture by giving locally-relevant and meaningful suggestions. They would communicate and support them in asking for professional help (multi-disciplinary counseling centers and professional teams) in crisis situations as well as promote health-enhancing knowledge and skills. We believe these processes would also encompass health enlightenment (informing rate and consequences of their risky behavior).

Some of scarce research evidence suggests that psychopathology also exists among consumers of prostitutes (Sawyer et al. 1998, Sawyer et al. 2001). Results suggest consumers are a heterogeneous group and only further research can differentiate subtypes of prostitutes consumers. The programs on preventing and reducing the damage should also include some effects on other active participants in prostitution (service users, pimps/partners), without whom there would be no prostitution.

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### **Contribution of individual authors:**

This original theoretical research is a part of my doctoral thesis. I did the study (thesis), designed this article, searched the literature, analyzed data and made the conclusions of the article.

Prof Slavica Djukic-Dejanovic, as mentor of the thesis, and Prof Karel Turza, as the commenter, contributed in designing the whole study (thesis) and in analyzing data and reviewing conclusions of the article from the psychiatric (prof S.Dj.D.) and ethical view (Prof K.T.).

Prof A. Jovanović contributed by reviewing the article and its conclusions from the domain of its applicability in the bounds of the legal system of Serbia.

Dr Vida Jeremić contributed in designing the article and searching the literature.

### **References**

1. Allegria M, Vera M, Freeman DH, Robles R del C, Santos M & Riviera CL: HIV infection, risk behaviors and depressive symptoms among Puerto Rican sex-workers. *Am J Public Health* 1994; 84:2000-2002.
2. ASTRA: Trafficking in Women. Women Initiative Association, Belgrade, 2001.
3. Bartek SE, Krebs DL, Taylor MC: Coping, defending, and the relations between moral judgment and moral behavior in prostitutes and other female juvenile delinquents. *Journal of Abnormal Psychology* 1993; 102:66-73.
4. Barry K: *Female Sexual Slavery*. Prentice Hall, New Jersey, 1979.
5. Barry K: *The Prostitution of Sexuality*. New York UPress, New York, 1995.
6. Belleau MC: Mail-Order Brides in a Global World. *Albany Law Review* 2003; 67:595-607.
7. Bindman J & Doezema J: *Redefining Prostitution as Sex Work on the International Agenda*. Anti-Slavery International, London, 1997.
8. Blasi A: Bridging Moral Cognition and Moral Action: A Critical Review of the Literature. *Psychol Bull* 1980; 88:1-45.
9. Bloch I: *The Sexual Life of Our Time*. Panteon, Belgrade, 1936. (in Serbian)
10. Boyle J, Mattern CO, Lassiter JW & Ritzler MS: Peer 2 peer: Efficacy of a course-based peer education intervention to increase physical activity among college students. *Journal of American College Health* 2011; 59:519-529.
11. Brathwaite NS: *Studying Personality In Juvenile Prostitutes: Aren't All Delinquents The Same?* UNLV Theses. University of Nevada, Las Vegas, 2009.
12. Brewis J & Linstead S: Sex, Work and Sex Work: Eroticizing Organization. *Sociology* 2002; 36:205-208.
13. Brody S, Potterat JJ, Muth QS & Woodhouse ED: Psychiatric and Characterological Factors Relevant to Excess mortality in a Long - Term Cohort of Prostitute Women. *Journal of Sex and Marital Therapy* 2005; 31:97-112.
14. Church S, Henderson M, Bernard M & Hart G: Violence by clients towards female prostitutes in different work settings: Questionnaire survey. *BMJ* 2001; 322:524-525.
15. Cvetkov T: *Socijalni karakter prostitucije*. Hrvatska pučka seljačka tiskara, Zagreb, 1908.
16. Davis K: *The sociology of prostitution*. In S.H. Traub & C.B. Little (9 eds): *Theories of deviance*. IL: Peacock, Itaca, 1985.
17. Day S: Biological Symptoms of Social Unease: the Stigma of Infertility in London Sex workers. In Soraya Tremayne (ed): *Managing reproductive Life, Cross-cultural themes in Fertility and Sexuality*. Berghahn Books, New York/Oxford, 2001.
18. De Shampheliere, D: MMPI characteristics of professional prostitutes: A cross-cultural replication. *Journal of Personality Assessment* 1990; 54:343-350.
19. Dreman SB: Sharing behavior in Israeli schoolchildren: Cognitive and social learning factors. *Child Dev* 1976; 47:186-195.
20. Ericsson LO: Charges Against Prostitution: An Attempt at a Philosophical Assessment. *Ethics* 1980; 90:335-366.
21. Exner JE, Wylie J, Leura A & Parrill T: Some psychological characteristics of prostitutes. *Journal of Personality Assessment* 1977; 41:474-485.

22. Farley M & Barkan H: Prostitution violence and posttraumatic stress disorder. *Women Health* 1998; 27:37-49.
23. Fawkes J: Sex Working Feminists and the politics of Exclusion. *Social Alternatives* 2005; 24:22-23.
24. Giddens E: *Sociology*. Čugura Print, Beograd, 2003. (in Serbian)
25. Goldstein PJ: *Prostitution and drugs*. Lexington Books, Lexington, 1979.
26. Gossop M, Powis B, Griffiths P & Strang J: Female prostitutes in South London: use of heroin, cocaine and alcohol and their relationship to health risk behaviors. *Aids Care* 1995; 7:253-260.
27. Green J: Peer education. *Promotion and Education* 2001; 8:65-68.
28. Harcourt C, Van Beek I, Heslop J, McMahon M & Donovan B: The health and welfare needs of female and transgender street sex workers in New South Wales. *Australian and New Zealand Journal of Public Health* 2001; 25:84-89.
29. Henriques F: *The History of Prostitution – Prostitution of Primitive, Classical and Oriental nations*. Epoha, Zagreb, 1968. (in Serbian)
30. James J: *Ethnography and social problems*. In *Street Ethnography: Selected Studies of Crime and Drug Use in Natural Settings*. Beverly Hills, 1977.
31. Jeffreys E: *China, Sex, and Prostitution*. Routledge, New York, 2004.
32. Jurkovic G: *The Juvenile Delinquent As a Moral Philosopher: A Structural-Developmental Perspective*. *Psychol Bull* 1980; 88:709-727.
33. Karras MR: *Women's Labors: Reproduction and Sex Work in Medieval Europe*. *Journal of Women's History* 2004; 15:153-158.
34. Katunarić V: *Women's Eros and the Civilization of Death*. Naprijed, Zagreb, 1984. (in Serbian)
35. Kaysen DA, Resick PA & Wise D: *Living in Danger: The impact of Chronic Traumatization and the Traumatic Context on Posttraumatic Stress Disorder*. *Trauma, Violence and Abuse* 2003; 4:247-264.
36. Kelly JA: *Popular opinion leaders and HIV prevention peer education: resolving discrepant findings, and implications for the development of effective community programmes*. *AIDS Care* 2004; 16:139-150.
37. Knežević G: *Roots of Amoralität*. The Center for Applied Psychology, the Institute of Social and Criminological Research, the Institute of Pathology, Belgrade, 2003. (in Serbian)
38. Konstantinović B: *Prostitution and Society*. F. Baha, Beograd, 1930. (in Serbian)
39. Košiček M: *Myth and Sex*. Prosvjeta, Zagreb, 1991. (in Serbian)
40. Kurtz SP, Surratt H, Inciardi J & Kiley M: *Sex Work and "Date" Violence*. *Violence Against Women* 2004; 10:357-385.
41. Lazarević Lj: *Criminal Law – separate section*. Savremena administracija, Belgrade, 2000. (in Serbian)
42. Lim LL: *The Sex Sector. The economic and social bases of prostitution in Southeast Asia*, International Labour Office, Geneva, 1998.
43. Lombroso C & Ferrero G: *La donna delinquente, la prostituzione et la donna normale*. F. Bocca, Milano, 1895.
44. MacNamara DEJ: „Male Prostitution in American Cities: A Socioeconomic or Pathological Phenomenon?“ *Am J Orthopsychiatry* 1965; 35:204.
45. Marić J: *Medical Ethics*. Megraf, Belgrade, 2005. (in Serbian)
46. Mc Cormick BN: *Psychological and Social Adjustment of Women Employed as Prostitutes*. *The Journal of Sex Research* 1997; 34:62-65.
47. Michels R & Marzuk PM: *Progress in psychiatry*. *The New England Journal of Medicine* 1993; 329:552-557.
48. Mijalković S: *Human Trafficking*. Beosing, Belgrade, 2005. (in Serbian)
49. Milosavljević B: *Osnovi socijalne patologije*. Naučna knjiga, Beograd, 1976.
50. Ostergren P: *Sex workers critique of Swedish Prostitution Policy*, 2007.
51. O'Sullivan DM, Zuckerman M & Kraft M: *The personality of prostitutes*. *Personality and Individual Differences* 1996; 21:445-448.
52. Pejović-Milovančević M: *Cognitive Aspect of Moral Thought in Children with Behavioral Disorders*. PhD dissertation. The School of Medicine, Belgrade, 1998. (in Serbian)
53. Potterat JJ, Phillips L, Rothenberg RB & Darrow WW: *On Becoming a Prostitute: An Exploratory Case-Comparison Study*. *The Journal of Sex Research* 1985; 21:329-335.
54. Potterat JJ, Rothenberg RB, Muth SQ, Darrow WW & Phillips-Plummer L: *Pathways to prostitution: The chronology of sexual and drug abuse milestones*. *The Journal of Sex Research* 1998; 35:333-340.
55. Radulović D: *Prostitution in Yugoslavia*. Filip Višnjić, Belgrade, 1986. (in Serbian)
56. Ranković M: *Sexuality in Movies and Pornography*. Prosveta, Belgrade, 1982. (in Serbian)
57. Reckless WC: *Vice in Chicago*. Univ. Press, Chicago, 1933.
58. Roxburgh A, Degenhardt L & Breen C: *Drug use and risk behaviors among injecting drug users: A comparison between sex workers and non-sex workers*. *Harm Reduction Journal* 2005; 5.
59. Rushton JP: *Generosity in children: Immediate and long-term effects of modeling, preaching and moral judgment*. *J Pers Soc Psychol* 1975; 21:459-466.
60. Santrock JW: *Moral structure: The interrelation of moral behavior, moral judgment and moral affect*. *J Genet Psycho* 1975; 127:201-213.
61. Sawyer S, Rosser BS & Schroeder A: *A brief psychoeducational program for men who patronize prostitutes*. *Journal of Offender Rehabilitation* 1998; 26:111-25.
62. Sawyer S, Metz ME, Hinds JD & Brucker RA: *Attitudes towards prostitution among males: A "consumers' report"*. *Current Psychology* 2001; 20:363-76.
63. Seligman BF: *Phobias and preparedness*. *Behav Res Ther* 1971; 2:307.
64. Shah SP: *Prostitution, Sex Work and Violence: Discursive and Political Contexts for Five Texts on Paid Sex, 1987-2001*. *Gender & History* 2004; 16:794-812.
65. Silbert MH: *Pines A.M. Entrance into prostitution*. *Youth & Society* 1982; 13:471-500.
66. Sriranganathan G, Jaworsky D, Larkin J, Flicker S, Campbell L, Flynn S et al.: *Peer sexual health education: Interventions for effective program evaluation*. *Health Education Journal* 2010; 71:62-71.
67. Spasić D: *Data Analysis on Prostitution in Serbia for the period 2001-2005*. In: *Science. Safety. Police*, 3: 169-181. NPB, 2006. (in Serbian)

68. Spasić D: *Safety Aspects of Prostitution in Belgrade*. In: *Safety*, 2: 321-338. The Ministry of Internal Affairs of Serbia, 2006. (in Serbian)
69. Stojanović Z: *Commentary on the Criminal Law of SRJ*-3rd edition. The Official Gazette, Belgrade, 1999. (in Serbian)
70. Sullivan B: *Trafficking in Women. Feminism and New International Law*. *International Feminist Journal of politics* 2003; 5:67-91.
71. Sullivan ML: *Making Sex work: A failed experiment with legalized prostitution*. Spinifex Press, North Melbourne, 2007.
72. Surratt HL & Inciardi JA: *HIV risk, seropositivity and predictors of infection among homeless and non-homeless women sex workers in Miami, Florida, USA*. *AIDS Care* 2004; 16:594–604.
73. Špadijer-Džinić J: *Social Pathology*. The Institute for Teaching Textbooks and Teaching Materials, Belgrade, 1988. (in Serbian)
74. Tanahil R: *Čovek i seks, Jugoslavija, Beograd*, 1981. (in Serbian)
75. Tiosavljević Marić D. *The Adaptive Functions of Ego and the Sexuality of Women Engaged in Prostitution*. MSc thesis. The School of Medicine, Belgrade, 2008. (in Serbian)
76. Tuan NA, Hien NT, Chi PK, Giang LT, Thang BD, Long HT et al.: *Intravenous Drug Use Among Street-Based Sex workers: A High-Risk Behaviour for HIV Transmission*. *Sex Transm Dis* 2004; 31:15-19.
77. Vaillant, GE, Bond M & Vaillant CO: *An empirically validated hierarchy of defence mechanisms*. *Archives of General Psychiatry* 1986; 73:786–794.
78. Vanwesenbeeck I: *Well-Being and Risk*. VU University Press, Amsterdam, 1994.
79. Wardlow H: *Anger, Economy and Female Agency: problematizing “Prostitution” and “Sex Work” among the Huli of Papua New Guinea*. *Sings: Journal of Culture and Society* 2004; 29:1017-1040.
80. Zatz DN: *Sex Work/Sex Act: Law, Labor and Desire in Constructions of prostitution*. *Signs: Journal of Women in Culture and Society* 1997; 22:277-308.
81. Zdravković J: *The Phylogenetic Basis of Human Sexual Behavior*. In Marić J (ed): *Normal and Disordered Sexual Behavior*, 17-22. Megraf, Belgrade, 2003. (in Serbian)
82. Žigić B: *Rizik i nasilje*. Srpski genealoški centar, Beograd, 2008.

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