



Tschöke, Stefan et al. (2018):

## **Self-Determination Skills, Mental Health and Sex Work**

SIAK-Journal – Journal for Police Science and Practice (International Edition Vol. 8), 75-87.

doi: 10.7396/IE\_2018\_H

*Please cite this article as follows:*

Tschöke, Stefan et al. (2018). Self-Determination Skills, Mental Health and Sex Work, SIAK-Journal – Journal for Police Science and Practice (International Edition Vol. 8), 75-87, Online: [http://dx.doi.org/10.7396/IE\\_2018\\_H](http://dx.doi.org/10.7396/IE_2018_H).

© Federal Ministry of the Interior – Sicherheitsakademie / NWV, 2018

Note: A hard copy of the article is available through the printed version of the SIAK-Journal published by NWV (<http://nwv.at>).

published online: 9/2018

# Self-Determination Skills, Mental Health and Sex Work

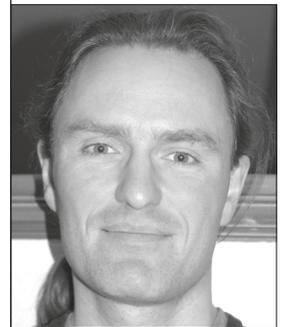
The reasons given by women for their decision to work in the sex industry are manifold. Economic reasons are mentioned first and foremost. The extent to which it is a question of a free, self-determined decision is controversial. Opinions vary between two extremes: “business women” and “victims of violence”. Conducting studies on this clientele is generally difficult, as it is a mobile, heterogeneous population that changes rapidly and, to a not inconsiderable extent, operates illegally. Due to better accessibility, available data often comes from women working in the field of street prostitution. Representative sample surveys from the entire heterogeneous range of activities are not yet available. Social science issues dominate thematically, psychiatric issues on mental health are rare. The situation of the investigated sex workers is characterised by a high prevalence of a) persistent interpersonal violence, b) a life history with sexual abuse in childhood and c) mental disorders, above all disorders due to repeated trauma and addiction disorders. Possible links between sex work, mental health and the question of self-determination ability will be discussed on the basis of a narrative review. It is postulated that the protagonists in the sex industry occupy a continuum between the two poles of “business woman” and “victim of violence”. The ability to make a self-determined decision is the decisive criterion here; this can be a measure of the need for help.

## INTRODUCTION

The motives given for going into sex work are primarily of an economic nature, e.g. the idea of being able to earn a higher income, paying debts, not finding other jobs, having to support the family financially, obtaining drugs, financing education, etc. (Czarnecki et al. 2014; Kissil/Davey 2010; Lilleston et al. 2015; McClarty et al. 2014; Roessler et al. 2010; Saggurti et al. 2011; Vanwesenbeeck 2001). However, some authors also give positive reasons for starting, such as liking this occupation, altruistic reasons, wanting to have other sexual experiences or being independent (Boggs

1991; Roessler et al. 2010; Vanwesenbeeck 2001).

The related discussion on women in the sex industry is characterised by a predominantly ideological controversy on their free will to engage in this work (Czarnecki et al. 2014). Central to this is the question of how far the decision to go into sex work fulfils the criteria for a self-determined decision. This has been insufficiently discussed or scientifically examined so far. The question of free, self-determined decision-making mainly concerns philosophers, physicians, neuroscientists, psychologists and legal scholars. In daily



**STEFAN TSCHÖKE,**  
*South Württemberg Centre for  
Psychiatry, Ravensburg-Weissenau,  
Department of Psychiatry and  
Psychotherapy I of the University  
of Ulm, Ravensburg-Weissenau.*



**BRENDAN SNELLGROVE,**  
*South Württemberg Centre for  
Psychiatry, Ravensburg-Weissenau,  
Department of Psychiatry and  
Psychotherapy I of the University of  
Ulm, Ravensburg-Weissenau.*



**DANA BICHESCU-BURIAN,**  
*South Württemberg Centre for  
Psychiatry, Ravensburg-Weissenau,  
Department of Psychiatry and  
Psychotherapy I of the University of  
Ulm, Ravensburg-Weissenau.*



**RAOUL BORBÉ,**  
*South Württemberg Centre for  
Psychiatry, Ravensburg-Weissenau,  
Department of Psychiatry and  
Psychotherapy I of the University of  
Ulm, Ravensburg-Weissenau.*

clinical practice, psychiatrists above all deal with the question of how much this is affected by mental disorders (Snellgrove/Steinert 2017). However, studies on mental health among health workers are scarce. Sociological work and evidence in this field to date are largely based on surveys of women working in street prostitution. This clientele is characterised by a situation of persistent re-victimisation, a background of violence, as well as third-party influence, sexual exploitation and increased prevalence of post-traumatic stress disorder (Farley et al. 2016; Hom/Woods 2013). Increased experiences of violence and associated mental disorders were also found in the area of “indoor prostitution” (Church et al. 2001; Lilleston et al. 2015; Raphael/Shapiro 2004). In an international study of 854 sex workers, Farley et al. found that 68 % of cases met the criteria for post-traumatic stress disorder (Farley et al. 2004). Overall, however, the results so far are not representative enough to be able to be transferred to all areas of the sex industry.

The following article attempts to illustrate the interrelations between victimisation, trauma- and stress-related disorders, sex work and self-determination ability on the basis of current literature.

**SELF-DETERMINATION ABILITY FROM A PSYCHIATRIC PERSPECTIVE**

The principle of self-determination, to be equated with autonomy, occupies an important position in philosophy, theology, jurisprudence and medical ethics and is reflected in terms such as free will, legal capacity or capacity to consent to treatment. Despite sustained and intense discussions, there is still no generally accepted concept of self-determination. The same also applies to corresponding criteria for assessing self-determination skills. Three

important points of discussion should be noted in the debate on self-determination and free will. Firstly, in order to speak of self-determination, a person needs to recognise personal choices and actions as their own and to identify with them. Secondly, they must be able and in the position to act differently in principle, i.e. to be free from inner and outer constraints. And thirdly, the person must have certain comprehensible reasons for individual decisions and actions (Walter 1999).

But even on this basis, it is hardly possible to judge objectively whether a person is capable of a self-determined life and the associated vast number of decisions in various social contexts. The assessment of self-determination ability becomes more realistic when it comes to a concrete decision at a specific time. In such cases, the necessary criteria for assessing competence to consent to treatment can be used. Accordingly the person concerned must be in a position to understand the information relevant to the decision, integrate it into their previous experience and relate it to their current life situation. They must be able to assess the consequences and impact of a decision and be able to evaluate them against the background of personal values and goals. Finally, taking into account the various options for action, one must be able to come to a decision (Barnikol et al. 2014; Snellgrove/Steinert 2017).

**FACTORS POSSIBLY AFFECTING SELF-DETERMINATION SKILLS OF SEX WORKERS**

There are many factors which could affect the self-determination ability of sex workers. An example is reflected in the term “survival sex”: this refers to sexual services in exchange for everyday survival, such as food, shelter and clothing (Greene et al. 1999). Risk populations for this are primarily women who are living in war

zones or in poverty as well as homeless young people. In these situations, sexual service is seen as the only option for securing the daily necessities of life (Fogel et al. 2016; Hengartner et al. 2015; Wilson/Butler 2014). In this context discussing to what extent situational pressure influences the self-determined decision is certainly controversial. The same applies to the values, traditions and structures of the community of origin. Traditions and social structures convey values and norms that influence decisions and actions (Fuchs 2017). In India, for example, the continuation of a family tradition is named as a reason for entering into sex work (Saggurti et al. 2011). In Thailand and Taiwan, on the other hand, a large proportion of people claim that it gives them the opportunity to fulfil family obligations towards the family as a daughter (McCaghy/Hou 1994; Muecke 1992). A further example is women who grew up in social environments where physical and sexual violence have been handed down from generation to generation. This may then be perceived by the women as “normal” and not questioned. As a result, there is an increased risk of further similar experiences in their partnership or in the milieu (Fogel et al. 2016; Hom/Woods 2013; Middleton 2015; Wilson/Butler 2014). Previous relationship experiences and early socialisation influence individual values and norms and can thus influence their self-determination ability.

In addition to situational, economic and social factors, we would in the following like to emphasise mental health as a potential influence factor on self-determination ability must be considered. Mental disorders can impair the ability of free determination of will and thus also self-determination, whereby a certain severity must be present, for example through a change of consciousness, disturbances of the thought

process, impairment of the perception of reality, distortions of the value structure or loss of experienced identity (Habermeyer 2009).

### **MENTAL HEALTH AND SEX WORK?**

Sex workers are a population difficult to account for, on the one hand because of their heterogeneity, and on the other, due to the fact that they have been neglected in medical research. Only with the increasing significance of the HI-virus in the 1980s did this population receive more scientific attention. The importance of mental health in prostitutes was mainly seen in connection with the containment of HIV infections – also not insignificant in terms of healthcare costs (Romans et al. 2001). Primarily, aspects such as safe sex and related factors were examined (el-Bassel et al. 1997).

In general, most evidence related to sex work comes from the social sciences (Vanwesenbeeck 2001). The permanent strain of repeated physical and psychological violence was described as the main stress factor. Repeated victimisation while working in the sex industry was significantly more likely to be reported by women from street prostitution compared to women who worked “indoors”. There are differences in the type of violence – “outdoor” sex workers reported a higher frequency of physical violence, while “indoor” ones reported rape more often. In one study, 34 % of women surveyed said that they had reported the crime (Church et al. 2001). However, general statements about the relation between work setting and victimisation cannot yet be made due to insufficient studies (Cwikel et al. 2004; Lilleston et al. 2015; Raphael/Shapiro 2004; Seib et al. 2009).

The multitude of stress factors suggests a high prevalence of mental disorders. It is

therefore all the more surprising that psychological stress and the development of mental disorders in sex workers have only become a topic of research in recent years. Accordingly, little evidence on this subject exists. The various factors influencing mental health as well as their effects on self-determination ability should be differentiated here. Examples of potential influence factors included the actual sexual work itself, the reasons for starting this work, the context in which the sex work takes place, the local victimisation and the customers.

For example, in a population of amphetamine-dependent women, who were already under considerable stress, those who prostituted themselves experienced significantly greater mental strain (Lutnick et al. 2015). Other studies have shown a link between victimisation and risky sexual behaviour among both sex workers who work in street prostitution and erotic dancers (Lilleston et al. 2015; Sherman et al. 2011; Vanwesenbeeck et al. 1995).

Another major factor in the mental health of sex workers seems to be the circumstance that has led them to opt for sex work. There was a greater satisfaction when the decision was based on business reasons, with the option to earn a higher income and be independent. This group was mainly found in legal sex work. In the illegal area, there were more women who used it to fund drugs, who reported more frequent experiences of violence and who came from socially deprived areas (Perkins/Lovejoy 1996; Seib et al. 2012).

On the diagnostic level, previous studies have focused on individual disorders, such as post-traumatic stress disorder (PTSD) or substance use disorders (Choi et al. 2009; Pedersen et al. 2016; Seib et al. 2009; Vaddiparti et al. 2006). Substance-related disorders can lead to a narrowing of lifestyle to the substance consumption, which

in turn limits self-determination ability, or (albeit only in rare cases), completely overrides it (Habermeyer 2009). These disorders are extremely prevalent in the field of sex work, although it is unclear whether the substance use disorder increases the likelihood of entering into sex work as a way of financing drugs, or whether the substance use disorder is a secondary consequence caused by the wish to numb experiences with the drug, or whether both are closely interrelated. All three mechanisms are described in the literature (Farley et al. 2004; Hengartner et al. 2015). The goal of substance consumption is mainly a substance-mediated distancing from the negative experience, also known as “chemical dissociation”. In addition, there is also psychologically conditioned dissociation, i.e. an elimination of certain traumatic experiences from the consciousness in order to be able to endure them better (Brewis/Linstead 2000; Janet 1889; van der Hart/Rutger 1989).

A more comprehensive study of mental health problems among sex workers was conducted in Switzerland and was published in 2010 by Roessler et al. (Roessler et al. 2010). Care was taken here to include as many areas of work as possible. Four different groups of sex workers were distinguished in the study, with the group of non-Europeans working in studio apartments demonstrating the highest prevalence of mental disorders and experiencing the most violence in the milieu. On the other hand, a group who reported little stress due to sex work was also identified. This group consisted mainly of Europeans who worked “indoors”. This study was limited to the legal area of the sex industry. Women working in the illegal sector reported significantly greater traumatisation, came mostly from poorer backgrounds and reported mental disorders more frequently (Cwikel et al. 2004; Seib et al. 2009).

## VICTIMISATION, TRAUMA- AND STRESS-RELATED DISORDERS AND SEX WORK

In the groups of sex workers studied so far, a high prevalence of victimisation in childhood and adulthood with secondary trauma- and stress-related disorders has been found (Abas et al. 2013; Farley et al. 2004; Farley et al. 2016; Hom/Woods 2013; Roessler et al. 2010; Zimmerman et al. 2008), which is why the psychological consequences of early and persistent traumatic stress are of particular importance.

From the 1970s, the search for reasons for entering into sex work focused on the factor “sexual abuse in childhood” as an explanation, the high prevalence of which was then demonstrated in subsequent studies (Farley et al. 2004; James/Meyerding 1977; McClanahan et al. 1999; Vanwesenbeeck 2001). Early sexual abuse is seen as a risk factor for subsequent revictimisation as well as a risk factor for engaging in sex work (Gerassi et al. 2016; Ullman/Vasquez 2015; Vaddiparti et al. 2006). The factors that play a role here have not yet been clarified. Monocausal relationships have been abandoned in view of the complex symptomatology. This is demonstrated, for example, by a large proportion of women who experienced early sexual abuse and are not engaged in sex work; moreover, not all women working in the sex industry experienced sexual abuse during their childhood (Chudakov et al. 2002).

Victimisation is a recurrent, human-induced trauma, which is referred to as “type II trauma”. Examples for this kind of trauma are repeated sexual abuse in childhood, torture, and organised sadistic abuse (Farley et al. 2004; Farley et al. 2016; Goodwin 1993). This type of recurrent trauma can provoke a variety of pathological psychological changes that have thus far been insufficiently classifiable (Cloitre

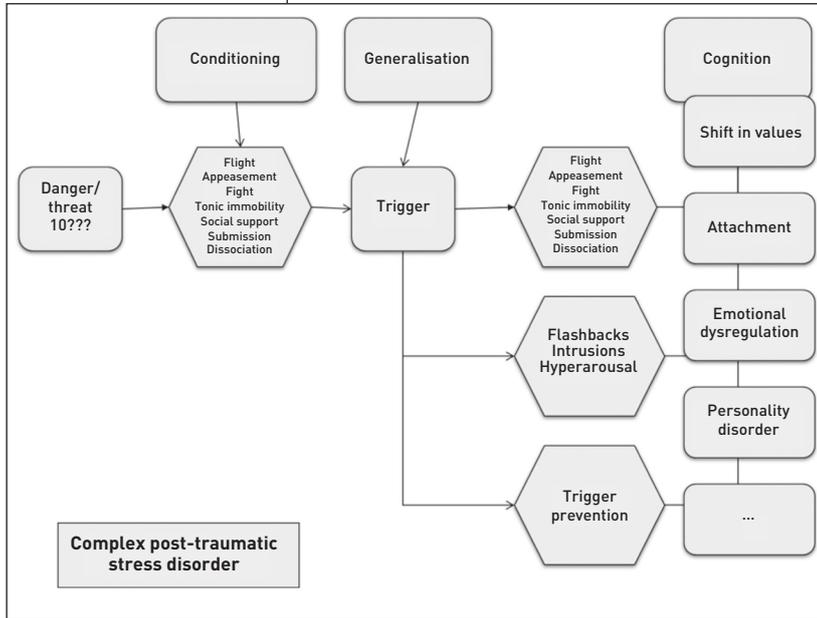
et al. 2013). This includes changes in emotional regulation, impulse control, consciousness, self-awareness, attitudes towards life, relationships with other people, and especially the relationship with the perpetrator (see Figure 1, page 80).

In order to classify these complex symptoms, the diagnosis of a developmental trauma disorder was proposed for childhood (Schmid et al. 2010) as well as the diagnosis of a complex post-traumatic stress disorder (cPTSD) for adulthood (Herman 1992; Herman 2012). Both diagnoses try to summarise the psychological consequences of recurrent interpersonal violence in one diagnosis, but have not yet been included in any diagnostic manual. Another consequence of severe, persistent traumatisation is a dissociative identity disorder (DID) (Dorahy et al. 2014; Sar et al. 2017), the validity and aetiology of which have, however, been persistently controversial since the end of the 19<sup>th</sup> century (Brand et al. 2016; Freyberger et al. 2007; Reinders et al. 2012). Characteristic of this are amnesia and various states of consciousness which restrict access to autobiographical memory (Gast et al. 2006; Lanius 2015).

These difficulties in defining the consequences and the severity of traumatisation in a diagnostically differentiated way complicates basic and therapeutic research. Thus, studies on complex post-traumatic stress disorder (cPTSD) or on serious dissociative disorders are rare.

The detection of trauma- and stress-related disorders is all the more important as PTSD and dissociative disorders are prone to chronification, increase the likelihood of somatic deterioration and have a general negative impact on therapy if they are not explicitly the focus of treatment (Bonomi et al. 2008a; Bonomi et al. 2008b; Kleindienst et al. 2011; Myrick et al. 2013; Rosenthal et al. 2005; Schilling et

Source: Tschöke



**Figure 1: Complex post-traumatic stress disorder model**

al. 2015). An example of this was a poorer treatment outcome for participants with persistent post-traumatic symptoms in a treatment study with substance-dependent sex workers (Jeal et al. 2017). Furthermore, a significant relationship was found between experienced and persistent violence and risky sexual behaviour as well as drug use (Draughon Moret et al. 2016; Vanwesenbeeck et al. 1995). In a group of 236 patients with DID, 19 % reported having worked as prostitutes (Ross et al. 1990; Ross et al. 1989).

On the whole, it becomes clear that the psychological consequences of persistent traumatisation are extremely relevant in the area of sex work. It has been shown that trauma-specific therapies for sex workers are therefore reasonable and also useful (Napoli et al. 2001; Ward/Roe-Sepowitz 2009; Wilson et al. 2015). The extent to which the psychological consequences could influence self-determination ability and the theoretical models that are helpful in determining this is discussed in the following section.

### TRAUMA- AND STRESS-RELATED DISORDERS AND SELF-DETERMINATION ABILITY

In the case of the sub-group of sex workers who experienced early, recurrent sexual abuse, from an attachment theory perspective, a re-actualisation of early attachment patterns occurs as these have become “habitual” interpersonal behaviours. Women surveyed make statements like: “I’m doing what I’m used to with the difference that I’m being paid for it”, “I can’t change it anyway, it’s always been like this” or “I don’t know anything different” (Gerassi et al. 2016; Napoli et al. 2001; Ross et al. 2004). An “infanticidal attachment style” was described in cases of incest in the form of sadistic abuse (Sachs 2007). This means that the girl connects sexual contact and sadism with emotional closeness to the caregiver, often that of the father. Paradoxically, sadism and sexual assault are seen as a normal part of a security-giving relationship with the important caregiver. Even in later life, violent relationships can be perceived and even sought as security. Sustained contact with the offender or remaining in the milieu is, from this perspective, attributable to the trauma- and stress-related disorder and thus only self-determined to a limited extent (Middleton 2013a; ibid 2013b; ibid 2015).

These behaviours are difficult to modify, have a negative effect on treatment, and tend to be chronic (Bae et al. 2016; Jepsen et al. 2013; Kleindienst et al. 2016; Myrick et al. 2013; Schilling et al. 2015). This is also understandable from a biological evolutionary point of view. After surviving a single life-threatening event, it is necessary to store the required behaviour and the characteristics of the danger situation in order to be “forearmed” for similar situations. Moreover, it is necessary for the characteristics of the danger situation to be generalised far enough that comparable,

potentially dangerous situations are recognised early enough to be able to react with the “successful” behavioural pattern. The aim here is to prevent or minimise damage (see Figure 2) (Baldwin 2013; Marshall/Garakani 2002).

If stress situations are permanently present or rule everyday life, such as in the case of childhood abuse or war, behavioural patterns which focus on damage avoidance/survival dominate, and these in turn shape interpersonal behaviour (see Figure 1, page 80) (Vanwesenbeeck et al. 1994). This adaptation to stress situations is biologically important for the survival of the species, and therefore is also passed onto the next generation by influencing mechanisms that regulate the activity of genes (Blouin et al. 2016; Voisey et al. 2014; Yehuda et al. 2016; Zannas et al. 2015). The evolutionary significance also explains these behavioural patterns’ resistance to change.

These patterns of behaviour must be quick and effective. Thus, they do not function arbitrarily, rather automatically and subconsciously (Kaczurkin et al. 2017; LeDoux 2014; Mobbs et al. 2015). They are referred to as “flight or fight mechanisms”. When flight is possible, then it is the first choice. It is followed by fighting, freezing, giving up or feigning death (Schauer/Elbert 2010). Tonic immobility has been described in victims of various types of trauma, e.g. when threatened with a weapon, rape, sexual abuse in childhood or political violence (Kalaf et al. 2017; Schmidt et al. 2008; Turan/Dutton 2010; Volchan et al. 2017). This reflexive reaction, consciously only limitedly or not controllable at all, to dangerous situations occurs when no alternative course of action can be seen. Taylor et al. criticise the fact that the stress reactions described were investigated almost exclusively in male populations and that female aspects

were insufficiently considered (Taylor et al. 2000). In human history, women’s situation was that of a pregnant woman and a mother. Fight or flight was hardly possible in this situation. In order to protect themselves against violence within their own group and to protect themselves against strangers, women needed different strategies as compared to men (Schmied et al. 2015). These strategies have been referred to as “tend and befriend mechanisms” (Taylor et al. 2000; Taylor/Stanton 2007). These are social, interactional abilities, methods of forming alliances, appeasing, requesting social support, but also instrumentalising sexuality for their own protection (Kluft 2017; Wu et al. 2016). In keeping with this, some sex workers reported that they had a feeling of control and power, as some of their customers play the role of the supplicant (Ross et al. 2004; Vanwesenbeeck et al. 1995). From the perspective described, the symptomatology represents a natural adaptation to a life-threatening environment which only permits limited alternative courses of action.

Source: Tschöke

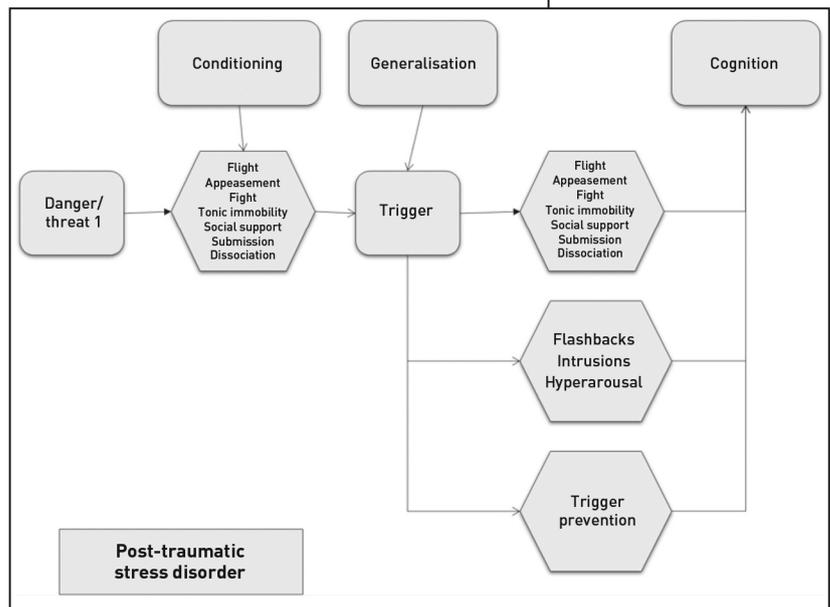
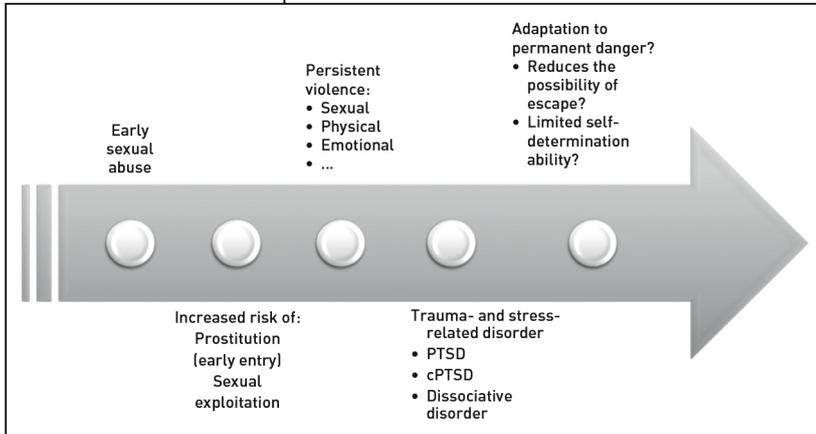


Figure 2: Post-traumatic stress disorder model

Source: Tschöke



**Figure 3: A possible link between early sexual traumatisation and later prostitution**

At the end of the 19<sup>th</sup> century, Janet had already observed these processes in traumatised women from the lower classes (Gödde 2006). He discovered automatism in these women that were no longer accessible to the consciousness (Heim/Buhler 2006; van der Hart/Rutger 1989; van der Kolk et al. 1989). He was the first to describe the splitting of consciousness as an adaptation process for severe traumatic events and called this dissociation (Janet 1889; van der Hart/Rutger 1989).

These fragmented survival mechanisms correspond to the “flight or fight” and “tend and befriend” mechanisms described above and are subjectively perceived as functioning independently. Diagnostically, these are dissociative disorders.

To what extent the mental processes described limit self-determination ability is an open question. There is a consensus that the adaptation processes ensure survival but counteract change since they are not conscious and will continue to be needed if the danger persists (Kluft 2017; Middleton 2017) (see Figure 3). Furthermore, changes trigger anxiety and social factors in particular restrict freedom of choice.

**CONCLUSION**

The discussion about the voluntariness of the protagonists in the sex industry ranges

between the poles “victims of violence” and “normal business persons”. This discussion continues to be very ideological (Czarnecki et al. 2014; Kissil/Davey 2010). It is currently not possible to tell to what extent the damage occurs through the sex work itself and/or its working conditions. It is evident that sexual exploitation occurs primarily in the area of human trafficking and interpersonal violence in street prostitution (Gerassi et al. 2016; Hom/Woods 2013; Seib et al. 2009). Trauma- and stress-related disorders and substance use disorders dominate among the psychological consequences of victimisation (Abas et al. 2013; Farley et al. 2016; Wilson/Butler 2014). Sex workers who were already victims of sexual violence in childhood and adolescence are characterised by a lower entry age and more experiences of violence. However, the validity of previous study results is limited by the fact that the groups studied come mainly from street prostitution, which is why the results cannot be easily transferred to other areas of the sex industry. According to a Swiss study, street prostitution accounts for only 5 % of total prostitution (Killias/Biberstein 2016). There seem to be different groups in the sex industry with varying needs for help. We assume that they differ mainly in the degree of autonomy and self-determination ability as well as the risk of (re-)victimisation. There are fluid transitions between the two poles of “business woman” and “victim of violence”. An unambiguous classification is therefore often not possible. The most vulnerable group is characterised by persistent sexual traumatisation since childhood and trauma-related psychological consequences that can severely limit and in some areas even completely remove the ability to free self-determination (Tschöke et al. 2016). It is still unclear what percentage this group represents in

the total population of women in the sex industry. A sustainable change in their situation requires access to appropriate trauma-focused therapy approaches. Studies that take into account the broad spectrum of sex industry the mental adjustment processes to continuous stress situations are needed in order to gain a better understanding of the links between victimisation, trauma- and stress-related disorders, self-determination ability, and sex work.

### Sources of information

- Abas, Melanie et al. (2013). Risk factors for mental disorders in women survivors of human trafficking: a historical cohort study, *BMC Psychiatry* (13), 204, online: 10.1186/1471-244X-13-204.
- Bae, Hwallip et al. (2016). Dissociation predicts treatment response in eye-movement desensitization and reprocessing for posttraumatic stress disorder, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)* (17), 112–130, online: 10.1080/15299732.2015.1037039.
- Baldwin, David V. (2013). Primitive mechanisms of trauma response: An evolutionary perspective on trauma-related disorders, *Neuroscience and Biobehavioral Reviews* (37), 1549–1566, online: 10.1016/j.bbi.2009.08.003.
- Barnikol, Utako B. et al. (2014). Achtung der Selbstbestimmung und Anwendung von Zwang bei der Behandlung psychisch erkrankten Menschen. Eine ethische Stellungnahme der DGPPN, *Nervenarzt*, 1419–1431, online: 10.1007/s00115-014-4202-8.
- Blouin, Ashley M. et al. (2016). The potential of epigenetics in stress-enhanced fear learning models of PTSD, *Learning & memory* (23), 576–586, online: 10.1101/lm.040485.115.
- Boggs, Vernon W. (1991). Prostitute's occupational continuum. A blueprint for research, *Nordisk Sexologi* (9), 31–43.
- Bonomi, Amy E. et al. (2008a). Association between self-reported health and physical and/or sexual abuse experienced before age 18, *Child abuse & neglect* (32), 693–701, online: 10.1016/j.chiabu.2007.10.004.
- Bonomi, Amy E. et al. (2008b). Health care utilization and costs associated with childhood abuse, *Journal of general internal medicine* (23), 294–299, online: 10.1007/s11606-008-0516-1.
- Brand, Bethany L. et al. (2016). Separating Fact from Fiction: An Empirical Examination of Six Myths About Dissociative Identity Disorder, *Harvard review of psychiatry* (24), 257–270, online: 10.1097/HRP.000000000000100.
- Brewis, Joanna/Linstead, Stephen (2000). The worst thing is the screwing (1). Consumption and the management of identity in sex work, *Gender, Work & Organization* (7), 84–97.
- Choi, Hyunjung et al. (2009). Post-traumatic stress disorder (PTSD) and disorders of extreme stress (DESNOS) symptoms following prostitution and childhood abuse, *Violence against Women* (15), 933–951, online: 10.1007/BF01173413.
- Chudakov, Bella et al. (2002). The motivation and mental health of sex workers, *Journal of sex & marital therapy* (28), 305–315.
- Church, Stephanie et al. (2001). Violence by clients towards female prostitutes in different work settings. Questionnaire survey, *BMJ (Clinical research ed.)* (322), 524–525.
- Cloitre, Marylène et al. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: a latent profile analysis, *European journal of psychotraumatology* (4), online: 10.3402/ejpt.v4i0.20706.
- Cwikel, Julie et al. (2004). Trafficked female sex workers awaiting deportation: comparison with brothel workers, *Archives of women's mental health* (7), 243–249, online: 10.1007/s00737-004-0062-8.
- Czarnecki, Dorothea et al. (2014). Prostitution in Deutschland – Fachliche Betrachtung komplexer Herausforderungen, Berlin.
- Dorahy, Martin J. et al. (2014). Dissociative identity disorder: An empirical overview, *The Australian and New Zealand journal of psychiatry* (48), 402–417, online: 10.1177/0004867414527523.
- Draughon Moret, Jessica E. et al. (2016). The impact of violence on sex risk and drug use behaviors among women engaged in sex work in Phnom Penh, Cambodia, *Drug and alcohol dependence* (161), 171–177, online: 10.1016/j.drugalcdep.2016.01.028.
- el-Bassel, Nabila et al. (1997). Sex trading and psychological distress among women recruited from the streets of Harlem, *American journal of public health* (87), 66–70.

- Farley, Melissa et al. (2004). *Prostitution and Trafficking in Nine Countries*, *Journal of Trauma Practice* (2), 33–74, online: 10.1300/J189v02n03\_03.
- Farley, Melissa et al. (2016). *The Prostitution and Trafficking of American Indian/Alaska Native Women in Minnesota*, *American Indian and Alaska Native Mental Health Research* (23), 65–104.
- Fogel, Katie F. et al. (2016). „We’re Automatically Sex in Men’s Eyes, We’re Nothing But Sex ...“. *Homeless Young Adult Perceptions of Sexual Exploitation*, *Journal of Child & Adolescent Trauma*, 1–10, online: 10.1007/s40653-016-0094-z.
- Freyberger, Harald J. et al. (2007). *Multiple personality disorder is a fad – not a disease*, *Psychiatrische Praxis* (34), 266–268, online: 10.1055/s-2006-952046.
- Fuchs, Thomas (2017). *Between psyche and brain. State of the art in psychiatry*, *Der Nervenarzt*, online: 10.1007/s00115-017-0317-z.
- Gast, Ursula et al. (2006). *Recent advances in dissociative identity disorder. Die dissoziative Identitätsstörung – Häufig fehldiagnostiziert*, *Dtsch. Ärztebl.* (103).
- Gerassi, Lara B. et al. (2016). *Trading Sex for Money or Compensation: Prevalence and Associated Characteristics from a Sexually Transmitted Infection (STI) Clinic Sample*, *Journal of Aggression, Maltreatment & Trauma* (25), 909–920, online: 10.1080/10926771.2016.1223245.
- Gödde, Günter (2006). *Janets und Freuds Konzeptionen der Hysterie*, *Trauma, Dissoziation, Persönlichkeit: Pierre Janets Beiträge zur modernen Psychiatrie, Psychologie und Psychotherapie* (1), 57–81.
- Goodwin, Jean M. (1993). *Sadistic abuse: Definition, recognition, and treatment*, *Dissociation: Progress in the Dissociative Disorders* (6), 181–187.
- Greene, Jody M. et al. (1999). *Prevalence and correlates of survival sex among runaway and homeless youth*, *American journal of public health* (89), 1406–1409, online: 10.2105/AJPH.89.9.1406.
- Habermeyer, Elmar (2009). *Psychiatrische Gesichtspunkte und Begutachtungsfragen der Geschäftsfähigkeit und verwandter Themenbereiche*, in: Kröber, Hans-Ludwig et al. (Eds.) *Handbuch der Forensischen Psychiatrie: Band 5 Forensische Psychiatrie im Privatrecht und Öffentlichen Recht*, Heidelberg, 51–100.
- Heim, Gerhard/Buhler, Karl-Ernst (2006). *Psychological trauma and fixed ideas in Pierre Janet’s conception of dissociative disorders*, *American journal of psychotherapy* (60), 111–129.
- Hengartner, Michael P. et al. (2015). *Mental Health and Functioning of Female Sex Workers in Chittagong, Bangladesh*, *Frontiers in psychiatry* (6), 176, online: 10.3389/fpsy.2015.00176.
- Herman, Judith (2012). *CPTSD is a distinct entity*, in: Resick, Patricia et al. *Journal of Traumatic Stress* (25), 256–257, online: 10.1176/appi.ajp.2010.10040606.
- Herman, Judith L. (1992). *Complex PTSD: A syndrome in survivors of prolonged and repeated trauma*, *Journal of Traumatic Stress* (5), 377–391, online: 10.1002/jts.2490050305.
- Hom, Kristin A./Woods, Stephanie J. (2013). *Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers*, *Issues in mental health nursing* (34), 75–81, online: 10.3109/01612840.2012.723300.
- James, Jennifer/Meyerding, Jane (1977). *Early sexual experience and prostitution*, *The American journal of psychiatry* (134), 1381–1385, online: 10.1176/ajp.134.12.1381.
- Janet, Pierre (1889). *L’automatisme psychologique: essai de psychologie expérimentale sur les formes inférieures de l’activité humaine*, Paris.
- Jeal, Nikki et al. (2017). *Identifying possible reasons why female street sex workers have poor drug treatment outcomes: a qualitative study*, *BMJ open* (7), e013018, online: 10.1136/bmjopen-2016-013018.
- Jepsen, Ellen K. K. et al. (2013). *Impact of dissociation and interpersonal functioning on inpatient treatment for early sexually abused adults*, *European Journal of Psychotraumatology* (4), 117, online: 10.3402/ejpt.v4i0.22825.
- Kaczurkin, Antonia N. et al. (2017). *Neural Substrates of Overgeneralized Conditioned Fear in PTSD*, *The American journal of psychiatry* (174), 125–134, online: 10.1176/appi.ajp.2016.15121549.
- Kalaf, Juliana et al. (2017). *Sexual trauma is more strongly associated with tonic immobility than other types of trauma – A population based study*, *Journal of Affective Disorders* (215), 71–76, online: 10.1016/j.jad.2017.03.009.
- Killias, Martin/Biberstein, Lorenz (2016). *Der Schweizer Prostitutionsmarkt. Wie viel Zwang, wie viel Freiwilligkeit? Ergebnisse einer nationalen Erhebung*, *Kriminalistik*, 781–789.
- Kissil, Karni/Davey, Maureen (2010). *The prostitution debate in feminism: Current trends, policy and clinical issues facing an invisible population*, *Journal of Feminist Family Therapy: An International Forum* (22), 1–21, online: 10.1300/J056v17n01\_08.
- Kleindienst, Nikolaus et al. (2011). *Dissociation predicts poor response to dialectical behavioral therapy in female patients with borderline personality disorder*, *Journal of personality disorders* (25), 432–447, online: 10.1521/pedi.2011.25.4.432.
- Kleindienst, Nikolaus et al. (2016). *State dissociation moderates response to dialectical behavior therapy for posttraumatic stress disorder in women with and*

- without borderline personality disorder, *European Journal of Psychotraumatology* (7), 30375, Online: 10.3402/ejpt.v7.30375.
- Kluft, Richard P. (2017). *Weaponized sex: defensive pseudo-erotic aggression in the service of safety*, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)*, 1–25, online: 10.1080/15299732.2017.1295376.
- Lanius, Ruth A. (2015). *Trauma-related dissociation and altered states of consciousness: a call for clinical, treatment, and neuroscience research*, *European journal of psychotraumatology* (6), 27905, online: 10.3402/ejpt.v6.27905.
- LeDoux, Joseph E. (2014). *Coming to terms with fear*, *Proceedings of the National Academy of Sciences of the United States of America* (111), 2871–2878, online: 10.1073/pnas.1400335111.
- Lilleston, Pamela S. et al. (2015). *Exotic Dance in Baltimore. From Entry to STI/HIV Risk*, *Women & health* (55), 595–611, online: 10.1080/03630242.2015.1022812.
- Lutnick, Alexandra et al. (2015). *Examining the associations between sex trade involvement, rape, and symptomatology of sexual abuse trauma*, *Journal of Interpersonal Violence* (30), 1847–1863, online: 10.1177/0886260514549051.
- Marshall, Randall D./Garakani, Amir (2002). *Psychobiology of the acute stress response and its relationship to the psychobiology of post-traumatic stress disorder*, *The Psychiatric clinics of North America* (25), 385–395.
- McCaghy, Charles H./Hou, Charles (1994). *Family affiliation and prostitution in a cultural context. Career onsets of Taiwanese prostitutes*, *Archives of Sexual Behavior* (23), 251–265, online: 10.1007/BF01541562.
- McClanahan, Susan F. et al. (1999). *Pathways into prostitution among female jail detainees and their implications for mental health services*, *Psychiatric services* (50), 1606–1613, online: 10.1176/ps.50.12.1606.
- McClarty, Leigh M. et al. (2014). *Circumstances, experiences and processes surrounding women's entry into sex work in India*, *Culture, Health & Sexuality* (16), 149–163, online: 10.1080/13691058.2013.845692.
- Middleton, Warwick (2013a). *Ongoing incestuous abuse during adulthood*, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)* (14), 251–272, online: 10.1080/15299732.2012.736932.
- Middleton, Warwick (2013b). *Parent-child incest that extends into adulthood: a survey of international press reports, 2007–2011*, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)* (14), 184–197, online: 10.1080/15299732.2013.724341.
- Middleton, Warwick (2015). *Tipping Points and the Accommodation of the Abuser: Ongoing Incestuous Abuse during Adulthood*, *International Journal for Crime, Justice and Social Democracy* (4), 4–17, online: 10.5204/ijcjsd.v3i2.210.
- Middleton, Warwick (2017). *Extreme adaptations in extreme and chronic circumstances. The application of „weaponized sex“ to those exposed to ongoing incestuous abuse*, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)* (18), 284–303, online: 10.1080/15299732.2017.1295378.
- Mobbs, Dean et al. (2015). *The Ecology of Human Fear: Survival Optimization and the Nervous System*, *Frontiers in Neuroscience* (9), online: 10.3389/fnins.2015.00055.
- Muecke, Margorie A. (1992). *Mother sold food, daughter sells her body. The cultural continuity of prostitution*, *Social science & medicine* (1982) (35), 891–901, online: 10.1016/0277-9536(92)90103-W.
- Myrick, Amie C. et al. (2013). *For better or worse: the role of revictimization and stress in the course of treatment for dissociative disorders*, *Journal of trauma & dissociation: the official journal of the International Society for the Study of Dissociation (ISSD)* (14), 375–389, online: 10.1080/15299732.2012.736931.
- Napoli, Maria et al. (2001). *Treatment of prostitution using integrative therapy techniques: A case study*, *Journal of Contemporary Psychotherapy* (31), 71–87, online: 10.1023/A:1023037508392.
- Pedersen, Pia V. et al. (2016). *Comparison of health behaviors among women brothel workers to those of the general population of women in Denmark*, *Women & health* (56), 376–394, online: 10.1080/03630242.2015.1101734.
- Perkins, Roberta/Lovejoy, Frances (1996). *Healthy and unhealthy life styles of female brothel workers and call girls (private sex workers) in Sydney*, *Australian and New Zealand journal of public health* (20), 512–516.
- Raphael, Jody/Shapiro, Deborah L. (2004). *Violence in indoor and outdoor prostitution venues*, *Violence against women* (10), 126–139.
- Reinders, Simone A. T. et al. (2012). *Fact or factitious? A psychobiological study of authentic and simulated dissociative identity states*, *PloS one* (7), e39279, online: 10.1371/journal.pone.0039279.
- Roessler, Wulf et al. (2010). *The mental health of female sex workers*, *Acta psychiatrica Scandinavica* (122), 143–152, online: 10.1111/j.1600-0447.2009.01533.x.
- Romans, Sarah E. et al. (2001). *The mental and physical health of female sex workers: a comparative study*, *The Australian and New Zealand journal of*

- psychiatry (35), 75–80, online: 10.1046/j.1440-1614.2001.00857.x.
- Rosenthal, M. Zachary et al. (2005). *Chronic Avoidance Helps Explain the Relationship Between Severity of Childhood Sexual Abuse and Psychological Distress in Adulthood*, *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders* (14), 25–41, online: 10.1037/0022-006X.70.5.1129.
- Ross, Colin A. et al. (2004). *Dissociation Among Women in Prostitution*, *Journal of Trauma Practice* (2), 199–212, online: 10.1300/J189v02n03\11.
- Ross, Colin A. et al. (1990). *Dissociation and abuse among multiple-personality patients, prostitutes, and exotic dancers*, *Hospital & Community Psychiatry* (41), 328–330.
- Ross Colin A. et al. (1989). *Multiple personality disorder: an analysis of 236 cases*, *Canadian journal of psychiatry* (34), 413–418.
- Sachs, Adah (2007). *Infanticidal attachment: symbolic and concrete*, *Attachment: New Directions in Relational Psychoanalysis and Psychotherapy* (1), 297–304.
- Saggurti, Niranjana et al. (2011). *Motivations for Entry into Sex Work and HIV Risk among mobile Female Sex Workers in India*, *Journal of Bio-social Science* (43), 535–554, online: 10.1017/S0021932011000277.
- Sar, Vedat et al. (2017). *Revisiting the etiological aspects of dissociative identity disorder. A biopsychosocial perspective*, *Psychology research and behavior management* (10), 137–146, online: 10.2147/PRBM.S113743.
- Schauer, Maggie/Elbert, Thomas (2010). *Dissociation Following Traumatic Stress*, *Zeitschrift für Psychologie/Journal of Psychology* (218), 109–127.
- Schilling, Christoph et al. (2015). *Patterns of childhood abuse and neglect as predictors of treatment outcome in inpatient psychotherapy: A typological approach*, *Psychopathology* (48), 91–100, online: 10.1001/jama.282.17.1652.
- Schmid, Marc et al. (2010). *Traumaentwicklungsstörung: Pro und Contra*, *Kindheit und Entwicklung* (19), 47–63, online: 10.1026/0942-5403/a000008.
- Schmidt, Norman B. et al. (2008). *Exploring human freeze responses to a threat stressor*, *Journal of Behavior Therapy and Experimental Psychiatry* (39), 292–304, online: 10.1016/S0003-3472(84)80173-6.
- Schmied, Emily A. et al. (2015). *Sex differences in coping strategies in military survival school*, *Journal of anxiety disorders* (29), 7–13, online: 10.1080/08870446.2010.534167.
- Seib, Charrlotte et al. (2012). *Predicting the Job Satisfaction of Female Sex Workers in Queensland, Australia*, *International Journal of Sexual Health* (24), 99–111, online: 10.1080/19317611.2011.632073.
- Seib, Charrlotte et al. (2009). *The health of female sex workers from three industry sectors in Queensland, Australia*, *Social science & medicine* (1982) (68), 473–478, online: 10.1016/j.socscimed.2008.10.024.
- Sherman, Susan G. et al. (2011). *More than a dance. The production of sexual health risk in the exotic dance clubs in Baltimore, USA*, *Social science & medicine* (1982) (73), 475–481, online: 10.1016/j.socscimed.2011.05.036.
- Snellgrove, Brendan J./Steinert, Tilman (2017). *Einwilligungsfähigkeit vor dem Hintergrund der UN-Behindertenrechtskonvention*, *Forensische Psychiatrie, Psychologie, Kriminologie*, 1–10, online: 10.1007/s11757-017-0427-2.
- Taylor, Shelley E. et al. (2000). *Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight*, *Psychological Review* (107), 411–429, online: 10.1192/bjp.148.1.74.
- Taylor, Shelley E./Stanton, Annette L. (2007). *Coping resources, coping processes, and mental health*, *Annual Review of Clinical Psychology* (3), 377–401, online: 10.1016/S0022-1031(03)00100-8.
- Tschöke, Stefan et al. (2016). *Persistent Perpetrator Contact in a Patient with Dissociative Identity Disorder*, *Psychiatrische Praxis* (43), 225–227, online: 10.1055/s-0035-1552768.
- Turan, Serbulent/Dutton, Donald G. (2010). *Psychic freezing to lethal malevolent authority*,

- Journal of Aggression, Conflict and Peace Research* (2), 4–15, online: 10.1037/h0061208.
- Ullman, Sarah E./Vasquez, Amanda L. (2015). Mediators of sexual revictimization risk in adult sexual assault victims, *Journal of child sexual abuse* (24), 300–314, online: 10.1080/10538712.2015.1006748.
- Vaddiparti, Krishna et al. (2006). The effects of childhood trauma on sex trading in substance using women, *Archives of sexual behavior* (35), 451–459, online: 10.1007/s10508-006-9044-4.
- van der Hart, Onno/Rutger, Horst (1989). The dissociation theory of Pierre Janet, *Journal of Traumatic Stress* (2), 397–412, online: 10.1002/jts.2490020405.
- van der Kolk, Bessel A. et al. (1989). Pierre Janet on post-traumatic stress, *Journal of Traumatic Stress* (2), 365–378, online: 10.1002/jts.2490020403.
- Vanwesenbeeck, Ine et al. (1994). Contextual and interactional factors influencing condom use in heterosexual prostitution contacts, *Patient education and counseling* (24), 307–322.
- Vanwesenbeeck, Ine (2001). Another decade of social scientific work on sex work. A review of research 1990–2000, *Annual review of sex research* (12), 242–289.
- Vanwesenbeeck, Ine et al. (1995). Professional HIV risk taking, levels of victimization, and well-being in female prostitutes in The Netherlands, *Archives of Sexual Behavior* (24), 503–515.
- Voisey, Joanne et al. (2014). Progress towards understanding the genetics of posttraumatic stress disorder, *Journal of anxiety disorders* (28), 873–883, online: 10.1002/ajmg.b.32145.
- Volchan, Eliane et al. (2017). Immobility Reactions under Threat: A Contribution to Human Defensive Cascade and PTSD, *Neuroscience and Biobehavioral Reviews*, online: 10.1016/j.neubiorev.2017.01.025.
- Walter, Henrik (1999). *Neurophilosophie der Willensfreiheit: Von libertarischen Illusionen zum Konzept natürlicher Autonomie*, Paderborn.
- Ward, Allison/Roe-Sepowitz, Dominique (2009). Assessing the effectiveness of trauma-oriented approach to treating prostituted women in a prison and a community exiting program, *Journal of Aggression, Maltreatment & Trauma* (18), 293–312, online: 10.1300/J076v30n03\_06.
- Wilson, Bincy/Butler, Lisa D. (2014). Running a gauntlet: A review of victimization and violence in the pre-entry, post-entry, and peri-/post-exit periods of commercial sexual exploitation, *Psychological Trauma: Theory, Research, Practice, and Policy* (6), 494–504, online: 10.1177/1077801210367643.
- Wilson, Bincy et al. (2015). Transnational responses to commercial sexual exploitation: A comprehensive review of interventions, *Women's Studies International Forum* (48), 71–80, online: 10.1080/10884600500196651.
- Wu, Junhui et al. (2016). Gossip Versus Punishment: The Efficiency of Reputation to Promote and Maintain Cooperation, *Scientific reports* (6), online: 10.1038/srep23919.
- Yehuda, Rachel et al. (2016). Holocaust Exposure Induced Intergenerational Effects on FKBP5 Methylation, *Biological Psychiatry* (80), 372–380, online: 10.1016/j.biopsych.2015.08.005.
- Zannas, Anthony S. et al. (2015). Epigenetics of Posttraumatic Stress Disorder: Current Evidence, Challenges, and Future Directions, *Biological Psychiatry* (78), 327–335, online: 10.1016/j.biopsych.2015.04.003.
- Zimmerman, Cathy et al. (2008). The health of trafficked women: a survey of women entering posttrafficking services in Europe, *American journal of public health* (98), 55–59, online: 10.2105/AJPH.2006.108357.