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THEORY FRAME

CHAPTER I: The phenomenon of prostitution

According to Ebbinghaus prostitution has a large past but a short history (Potterat, Rothenberg, Muth, Darrow and Phillips-Plummer, 1998). This sentence emphasizes the difficulty in obtaining objective information about representative samples of people who works in prostitution.

Prostitution is a controversial research issue and let's have a brief insight about the methodological difficulties in this study, the different definitions about prostitution and the different legal perspectives followed by the characteristics and conditions of people involved prostitution, different existing profiles, the size and the role of new technologies in prostitution.

1.1. Methodological problems in the study of prostitution

Researchers found a lot of barriers when they want to research about prostitution. These problems are due to the nature and characteristics of prostitution such as:

- 1.1.1. Problem of access to the sample

- 1.1.2. Problems of estimating the population size

- 1.1.3. Representativeness and homogeneity of the sample

- 1.1.4. Short literature and unscientific, stigmatizing and prejudicial methods

- 1.1.5. Problems with the setting: the place where we carry out the study

- 1.1.6. Problems with the publication of the research

1.2. The trafficking of women for sexual exploitation Vs. Sexual work or prostitution

Defining prostitution is a hard task and there is so many definitions given by authors who researched it before. The lack of objective and clear definitions provoke confusion among studies and researchers considering the large number of existing perspectives (abolitionist, reglamentarist, labour perspective, etc.), and every perspective has an underlying ideology. The main confusion among these concepts include: smuggling, trafficking for sexual exploitation and prostitution (Agredano, 2005).

- Smuggling is the receipt of some form of payment to transfer a person from one country to another illegally. It is not for the purpose of exploiting that person once they arrive in their destination country.
- Trafficking, not only is the person transferred to another country illegally, they are then sexually exploited once they arrive, usually through debt-bondage. That is, the payment made to the trafficker(s) is not only inflated relative to the "services" being paid for, but also ongoing, ill-defined, and able to be increased at any time by the trafficker(s). Debt-bondage is a recognised form of slavery, for which consent is irrelevant, under national and international law.

"Trafficking" is frequently confused with "migration for work" in some contemporary discussions. "Migration" is defined as the movement of a person from one country to another, whether by legal or illegal means. It is often assumed that "migration" is voluntary and "trafficking" involuntary. However, migration can also be involuntary or "without consent", such as when people are displaced because of war or famine. Trafficking is always involuntary, in which a trafficked person may have consented to being moved across borders, the UN Trafficking Protocol states that the use of coercive means and the subsequent exploitation of that person nullifies the notion of consent. That is, people who voluntarily migrate can end up being trafficked. It is the coercive nature of the means used to get that person across borders, and their exploitation once they arrive, that distinguishes trafficking from migration.

Finally, let's look at a synthesized definition of prostitution from different definitions as *“the negotiation and the explicit, direct and short term provision of sexual services in exchange for money, goods or other benefits, with or without intervention of third parties. This activity involves a minimum of two adult persons (one who sell and one who buy) negotiating for the provision of service provided without the involvement of third parties”*

1.3. Legal Perspectives

The four models of policies on prostitution in the 25 Member States are:

1.3.1. Prohibitionist perspective

A country falls under this model where outdoor and indoor prostitution are prohibited. Parties involved in prostitution are liable to be penalised including, the clients in some cases.

1.3.2. Abolitionist perspective

Abolitionist movements define prostitution and other categories of sex work as inherently exploitative. Currently abolitionists define prostitution as violence, emphasizing involvement in prostitution as a response to childhood sexual abuse. Historically, abolitionists have dedicated themselves to rescuing women from prostitution, and training women to find alternative careers or security in marriage. Abolitionist groups want to end the institution of prostitution, envisioning a world where no one sells sexual services for any reason.

1.3.3. Reglamentarist perspective

From sociological perspective, the term legalization usually refers to a system of criminal regulation and government control of prostitutes, wherein certain prostitutes were licensed to work in specific and usually limited ways. Although legalization can imply a decriminalized, autonomous system of prostitution, in reality police in most "legalized" systems relegate the job of prostitution control through criminal codes. Laws regulate prostitutes and their lives by prescribing health checks and registration of health status (enforced by police and medical agencies), telling prostitutes where they may or may not reside, prescribing full time employment for their lovers, etc. Prostitute activists use the term

legalization to refer to systems of state control, which defines the term by the realities of the current situation, rather than by the broad implications of the term itself.

1.3.4. Labour perspective: sex work rights

The "regulation of prostitution" usually refers to the criminal regulation of prostitution, but prostitute's rights also refer to regulation in terms of both civil regulation and self-regulation. The prostitute regulation and civil codes regulate prostitute businesses with regard to the conditions and rights of workers.

1.3.5. Prostitution: gender violence or gender problem?

There are two different underlying theory perspectives, one of them consider prostitution as gender violence and the other consider prostitution as gender problem. Elias, Bullough, Elias and Brewer (1989) summarize the feminist perspectives about prostitution in which we can find six feminist perspectives, of which the three first consider prostitution as gender violence and the other consider prostitution as gender problem.

1.3.6. Political and legal perspective of Spain

The Spanish Penal Code of 1995 considers prostitution alegal, neither legal nor illegal. This Code punishes prostitution of minors or disabled persons and pimping, but not prostitution of self (own prostitution).

1.4. Characteristics and work conditions in prostitution

First, the heterogeneity of prostitution, we can find a great variability in gender, nationality, age, etc. of people who practice prostitution and there is a great variability in places where the activity is practiced (streets, clubs, flats, etc.) (Agustín, 2001; Vanwesenbeeck, 2001).

Prostitution has a big internal organization although is not obvious. There are rules that most of the people who works in this activity respect. These rules can improve or get worse in the security context of prostitution. For example, if all the prostitutes decide to use condoms, clients will not ask for sex without condoms because they know that is impossible to get. But

when a group began to do sex without protection, clients will began to ask for sex without condoms (Sanders, 2005).

Another characteristic of prostitution is mobility of the people who are working on it. That mobility is between in and out of cities and countries. There are people who practice prostitution when they have economic problems and stop when they get the money they need. And a lot of people change every month in practicing prostitution. This kind of mobility is called “*plaza*” and every person stay for 21 days in a place (flat or club) and when this time finish they mobilise to other city or other country. There are different reasons for mobility: to avoid police raids, to get more money, to know other places and cities, etc. But this mobility has disadvantages like isolation and loneliness as these people can’t strengthen their friendships or know the resources of the cities they visit (Agustín, 2001; Sanders, 2005; Van der Helm, 2004).

1.4.1. Entry into prostitution and related factors

If we have to explain the entry into prostitution, we can find different kind of reasons like economic, educative, social, familiar, etc. that intervene each other affecting the comprehension of the activity. Prostitution has a strong economic root now which is not the only reason to entry, but maybe it is one of the most important.

There are different classifications of the factors that explain the entry in prostitution and now we are going to present an abstract of these factors made in 2003 by the CIMTM (Women’s Maltreatment Research Commission). It distinguishes among economic, educational, psychosocial, and familiar factors (see Table 1).

Table 1. Factors that explain the entry into prostitution (CIMTM, 2003)

Economic and educational factors	Unemployment	Labour discrimination
	Disintegration of the work market	Labour instability
	Labour exploitation	Poverty
	Illegal status	Poor education
	Low academia level	Trafficking and exploitative networks
	Low of economic resources to migrate	Problems with the language

Psychosocial factors	Abuse and violence: internalizing of the victim role	Low self-esteem and social abilities
	Poor social and familiar network	Lack of social and welfare services
	Lack of information about resources	Lack of social integration
	Margination	Stigmatization and auto stigmatization
	Drug use	
Familiar factors	Physical and psychological violence during childhood and adolescence	Incest
	Repeat familiar models	Lack of familiar support
	Early run away from home	Breaking-off of family relationships
	Prostitution induced by another person	Single motherhood
	Dependent relatives without support or resources	Abandonment
	Low income	Partner or children with addiction problems (alcoholism, compulsive gambling, etc.)
	Mal-treatment	

We can't forget gender perspective when we try to explain the entry in prostitution like why most of the people who work in prostitution are women? Why most of the people who pay for sex are men? Gender is one of the most important factors to explain the entry in prostitution, it's a transversal factor that influence the entire factors related with the entry in prostitution.

1.4.2. Types of prostitution: street, clubs and flats.

Several authors have pointed out the importance of comparative research among the different kinds of prostitution to understand the diversity inside the prostitution phenomenon (Emakunde, 2001; Harcourt y Donovan, 2006; Medeiros, 2000; Perkins, 1991; Shaver, 2005; Vandepitte, 2006; Vanwesenbeeck, 2001; Weitzer, 2005).

- Streets (Outdoor prostitution)

Outdoor prostitution is the most famous kind of prostitution in the world. Street prostitutes use streets to get clients, but the sexual services can be made in client's car or house, in hotels, etc. (Emakunde, 2001; Medeiros, 2000). Practicing prostitution on streets is the most

dangerous kind of prostitution because there is less security and risky (e.g. violence, robbery, etc.) (Harcourt y Donovan, 2005; McKeganey, 2006; Perkins, 1991).

Research about people practicing street prostitution has found that they have the highest levels of psychosocial stress, the lowest quality of life (Shaver, 2005), more sexually transmitted diseases, low self-esteem and more use of drugs (Weitzer, 2005a). This type is approximately the 10% of prostitution in Spain.

- Clubs (Indoor prostitution)

In other countries clubs are called brothels. There are different kinds of clubs in Spain, the traditional club and the macroclub. The traditional one is like a bar or pub located in towns. Prostitutes wait for clients inside the club and offer not only sexual services but also provide company while customer's have a drink (Emakunde, 2001). Macroclubs are an emergent type of prostitution (Salas, 2004) and is similar to a hotel. Macroclubs use to be in railways or principal roads and people practising prostitution use to live there. Some of these establishments are spectaculars with rooms, discotheques, spas, restaurants, hairdressers, clothes shops, etc. and can be approximately one hundred person practising prostitution. This type is approximately the 35% of prostitution in Spain. Nearly 100% of prostitutes in clubs are foreign, the nationalities are varied but the majority group are from Latin-American, Eastern Europe and Africa.

One of the disadvantages of working in club, traditional or macroclub, is the isolation of the prostitutes because of the timetables or the place where they are situated. Prostitutes work during the night and sleep during the day so they have no free time to have social relationships.

- Flats (Indoor prostitution)

This type of prostitution is quite new in Spain but the most discreet and large, being approximately the 60% of prostitution (Emakunde, 2001). There are one to ten persons per flat and sometimes they have different shifts to cover 24 hours per day (Agustín, 2001; Fernández, 2004; López y Pinedo, 2007).

Prostitutes get clients through advertisements in local newspapers and internet, and they offer sexual and accompaniment services. This type of prostitution offers the best labour conditions, flexible shifts, security, discretion, etc.

Indoor prostitution (clubs and flats) has the better labour conditions and the prostitutes who are working there have a good level of mental health, high self-esteem, support less violence and they have no problems of drug addiction.

1.4.3. Risks and abusive conditions in prostitution

Prostitution has always been associated to different risks like HIV/AIDS, drugs, violence, etc. Street prostitution suffers most of these problems, especially drug abuse but the rest of prostitutes have awareness of HIV, drugs and violence (Belza, Llácer, Mora, de la Fuente, Castilla, Noguer y cañellas, 2000; Day y Ward, 2004; McKeganey y Barnard, 1996; Medeiros, 2000; Sanchez et al., 2003; Sanders, 2005; Solana, 2003; Surrat, Inciardi, Kurtz y Kiley, 2004; Vanwesenbeeck, 2001; Ward et al., 2004; Ward, Day y Weber, 1999; Uribe y Hernández, 2000; Uribe-Salas, Conde-González, Juárez-Figeroa y Hernández-Castellanos, 2003; Warr y Pielt, 1999; Williamson y Folaron, 2001; Wolfers, 2000).

1.5. Profiles in prostitution

1.5.1. Drug dependency and prostitution

Drug using prostitutes constitute a minority group in Spain and they differ with respect to other prostitutes. They suffer a lot of problems related to health because of drugs (e.g. HIV/AIDS, hepatitis, mental disorders, etc.) and live in the worst conditions (e.g. homeless, poverty, etc.) (ASE-Psiké, 1997; Baker y Case, 2003; Farley y Barkan, 1998; Meneses-Falcón, 2003).

Drug user prostitutes appear in the decade of 80 because there were a lot of people using injectable drugs in Spain (CIMTM, 2003; Meneses-Falcón, 2003).

1.5.2. Immigration and prostitution

In 1985 Spain approved the first immigration law and the number of immigrants were on increase and have a spectacular increase of immigrants in Spain (INE, 2006) being constituting 10% of the total population.

The United Nations Organization (UNO) states that women migrate more than men, as they have many economic problems. The last immigrant laws were very restrictive that many illegal people in Spain, struggle to find a regular job among which there are many women who cannot get a job and they have to work in prostitution if they want to earn money to afford their economic charges.

1.5.3. Transgender and prostitution

Because of their condition, transsexuals or travesties face great discrimination and serious problems to get a job. This group is getting bigger in the last years and they are approximately 10% of the population.

The stigma, rejection and social exclusion that this group have been provoked abandoning their family in many situations at an early stage, the school, etc. Transsexuals and travesties look for other context where they can express their selves and find that situation in prostitution ambient. This group found prostitution as a way to live their life and learnt to transform their body to either male or female body that they desire. More than 70% of their income are invested in clothes, make up, hormones, silicone, surgery, etc. (Fernández, 2000; Pelúcio, 2005b). This group of immigrants not only gets a better life but also a better status. One of the dreams of transsexuals and travesties who practice prostitution is to travel to Europe, as they believe that Spanish society will respect their condition (Pelúcio, 200b).

1.6. Extent of prostitution

1.6.1. National research

1.6.2. Local research

1.6.3. Prostitution development

1.7. Internet and prostitution

CHAPTER II INTERPERSONAL NEEDS

2.1. Human need theories

2.1.1. Maslow's hierarchy of needs (1954)

Maslow's primary contribution to psychology is his Hierarchy of Needs. Maslow contended that humans have a number of needs that are instincts, which is innate. These needs are classified as "conative needs," "cognitive needs," and "aesthetic needs." "Neurotic needs" are included in Maslow's theory which does not exist within the hierarchy.

Maslow postulated that these needs are arranged in a hierarchy in terms of their potency. Although all needs are instinctive, some are more powerful than others. The lower the need is in the pyramid, the more powerful it is. The higher the need is in the pyramid, the weaker and more distinctly human it is.

The base of the pyramid is formed by the physiological needs, including the biological requirements for food, water, air, and sleep. Once the physiological needs are met, an individual can concentrate on the second level, the need for safety and security. Included here are the needs for structure, order, security, and predictability. The third level is the need for love and belonging. Included here are the needs for friends and companions, a supportive family, identification with a group, and an intimate relationship. The fourth level is the esteem needs. This group of needs requires both recognition from other people that results in feelings of prestige, acceptance and status, and self-esteem that results in feelings of adequacy, competence, and confidence. Lack of satisfaction of the esteem needs results in discouragement and feelings of inferiority. Finally, self-actualization sits at the apex of the original pyramid (see Figure 1).

In our research we will stress the "need for love and belonging" because is related to interpersonal needs, the theory frame of this research.

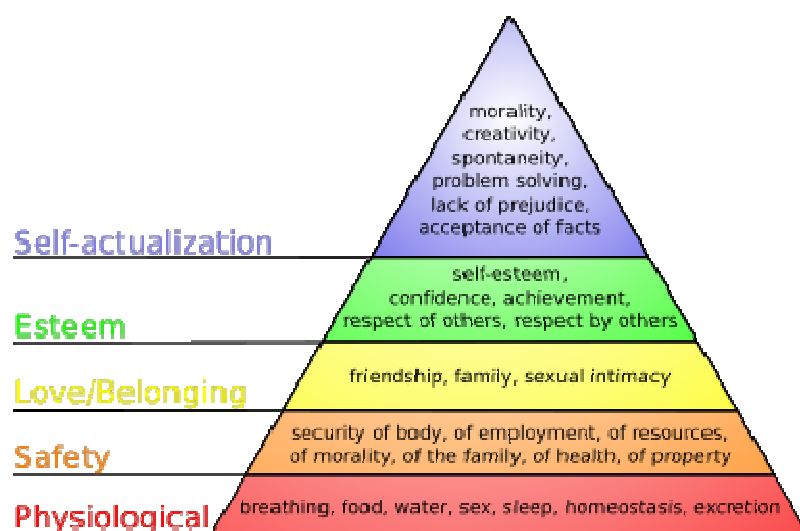


Figure 1. Diagram of Maslow's hierarchy of needs, represented as a pyramid with more primitive needs at the bottom.

2.1.2. Manfred Max-Neef's human needs theory (1980)

Max-Neef and his colleagues have developed taxonomy of human needs and a process by which communities can identify their "wealths" and "poverties" according to how these needs are satisfied.

Human Scale Development is defined as "focused and based on the satisfaction of fundamental human needs, on the generation of growing levels of self-reliance, and on the construction of organic articulations of people with nature and technology, of the global processes with local activity, of planning with autonomy, and of civil society with the state." (Max-Neef et al, 1980)

The main contribution that Max-Neef subscribes to the understanding of needs is the distinction made between need and satisfaction. Human needs are seen as few, finite and classifiable (as distinct from the conventional notion that "wants" are infinite and insatiable) however they are constant through all human cultures and across historical time periods. What changes over time and between cultures is the way these needs are satisfied. It is important that human needs are understood as a system - i.e. they are interrelated and interactive. There is no hierarchy of needs (apart from the basic need for subsistence or

survival) as postulated by western psychologists such as Maslow describes simultaneity, complementarity and trade-offs are features of the process of needs and satisfaction.

Max-Neef classifies the fundamental human needs as: subsistence, protection, affection, understanding, participation, recreation (in the sense of leisure, time to reflect, or idleness), creation, identity and freedom. Needs are also defined according to the existential categories of being, having, doing and interacting, and from these dimensions, a 36 cell matrix is developed which can be filled with examples of satisfiers for those needs (see Table 2).

Tabla 2. Manfred Max-Neef's human needs theory (1980)

Human Needs	Being (qualities)	Having (things)	Doing (actions)	Interacting (settings)
subsistence	Physical and mental health	food, shelter, work	feed, rest, work	cloth, living environment, social setting
protection	Care, adaptability, autonomy	social health, work	security, systems, plan, take care of, help	social environment, care dwelling
affection	Respect, of generosity, sensuality	sense of humour, family, relationships with nature	friendships, make love, express emotions	share, take care of, privacy, intimate spaces of togetherness
understanding	Critical capacity, curiosity, intuition	literature, teachers, educational	analyse, study, meditate, investigate	schools, families, universities, communities
participation	Receptiveness, dedication, sense of humour	responsibilities, duties, rights	cooperate, dissent, express opinions	associations, parties, churches, neighbourhoods
leisure	Imagination, tranquillity, spontaneity	games, parties, peace of mind	day-dream, remember, relax, have fun	landscapes, intimate spaces, places to be alone
creation	Imagination, boldness, inventiveness, curiosity	abilities, work, techniques	skills, invent, design, compose, interpret	build, spaces for expression, workshops, audiences
identity	Sense of belonging, esteem, consistency	of self-religions, customs, values, norms	language, work, commit oneself	get to know places one belongs to, everyday settings
freedom	Autonomy, passion, self-esteem, open-mindedness	equal rights	dissent, run risks, awareness	choose, develop Anywhere

2.1.3. Doyal and Gough's human needs theory (1992)

Doyal and Gough point out that needs are crucially linked with goals and they define 'basic individual needs' as those goals which must be achieved if any individual is to achieve any other goal. Under these comes an array of further needs relating to physical, mental and personal development (see Table 3).

Individual needs such as these generate a further category, 'basic societal needs'. These are social preconditions for the achievement of the individual needs. Consequently, there is a 'basic human need' for food and 'societal need' for an economic system that can produce and distribute food to the entire population. Doyal and Gough offer a dynamic and sophisticated approach to the theory of human needs. A feature of their analysis is that it is open-ended, in that they do not claim to provide a formula to understand the totality of human needs, but to build an analytical framework that has scope to adapt and change in the light of evolving debate.

Table 3. Doyal and Gough's human needs theory (1992)

Needs	Satisfactors
<i>Physical health</i>	<ul style="list-style-type: none"> - Food and clean water - Adequate house - Working without risks - Sanitary attention
<i>Autonomous</i>	<ul style="list-style-type: none"> - Security in childhood and adolescence - Interpersonal relationships - Physical security - Economic security - Academic training - Security during maternity

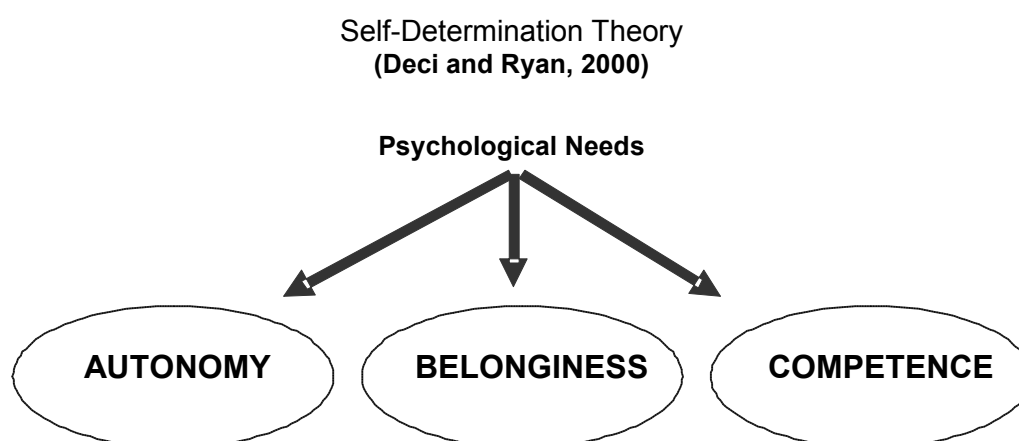
2.1.4. Ryan and Deci's self-determination theory (2000)

Self-determination theory (SDT) is a macro-theory of human motivation concerned with the development and functioning of personality within social contexts. The theory focuses on the degree to which human behaviours are volitional or self-determined - that is, the degree to

which people endorse their actions at the highest level of reflection and engage in the actions with a full sense of choice.

SDT is based on an organismic-dialectical meta-theory, which begins with the assumption that people are active organisms, with innate tendencies toward psychological growth and development, who strive to master ongoing challenges and to integrate their experiences into a coherent sense of self. This natural human tendency does not operate automatically, however, but instead requires ongoing nutriments and supports from the social environment in order to function effectively. That is, the social context can either support or thwart the natural tendencies toward active engagement and psychological growth. Thus, it is the dialectic between the active organism and the social context that is the basis for SDT's predictions about behaviour, experience, and development.

That is, basic psychological needs are a natural aspect of human beings that apply to all people, regardless of gender, group, or culture. To the extent that the needs are ongoing satisfied people will function effectively and develop in a healthy way, but to the extent that they are thwarted, people will show evidence of ill-being and non-optimal functioning.



2.2. Interpersonal needs theories

2.2.1. Bowlby's theory of attachment (1958)

Attachment theory, as originating in the work of John Bowlby, is a psychological, evolutionary and ethological theory that provides a descriptive and explanatory framework for discussion of interpersonal relationships between human beings. In infants, behaviour associated with attachment is primarily a process of proximity seeking to an identified attachment figure in situations of perceived distress or alarm, for the purpose of survival. Infants become attached to adults who are sensitive and responsive in social interactions with the infant, and who remain as consistent caregivers for some months during the period from about six. During the later part of this period, children begin to use attachment figures (familiar people) as a 'secure base' 'to explore from and return to. Parental responses lead to the development of patterns of attachment which in turn lead to 'internal working models' which will guide the individual's feelings, thoughts, and expectations in later relationships. The human infant is considered by attachment theorists to have a need for a secure relationship with adult caregivers, without which normal social and emotional development will not occur. However, different relationship experiences can lead to different developmental outcomes. Mary Ainsworth developed a theory of a number of attachment styles in infants in which distinct characteristics were identified known as secure attachment, avoidant attachment, anxious attachment and, later, disorganized attachment.

Mary Ainsworth conducted research based on Bowlby's early formulation of the theory and identified different attachment styles which are not, strictly speaking, part of attachment theory but are very closely identified with it. She devised a protocol known as the Strange Situation Procedure, still used today to assess attachment styles in children, as the laboratory portion of a larger study that included extensive home visitations over the first year of the child's life. Her studies identified three attachment patterns that a child may have with his primary attachment figure: secure, anxious-avoidant (insecure) and anxious-ambivalent (insecure).

Other theorists subsequently extended attachment theory to adults. Methods exist for measurement of attachment styles in both older infants and adults, although measurement in middle childhood is problematic. In addition to care-seeking by children, peer relationships of all ages, romantic and sexual attraction, and responses to the care needs of infants or sick or elderly adults may be construed as including some components of attachment behaviour.

Attachment theory was extended to adult romantic relationships in the late 1980s by Cindy Hazan and Phillip Shaver. Four styles of attachment have been identified in adults: secure, anxious-preoccupied, dismissive-avoidant, and fearful-avoidant. Investigators have explored the organization and the stability of mental working models that underlie these attachment styles. They have also explored how attachment impacts relationship outcomes and how attachment functions in relationship dynamics. Generally attachment style is used by social psychologists interested in romantic attachment, and attachment status by developmental psychologists interested in the individual's state of mind with respect to attachment. The latter is more stable, while the former fluctuates more.

Some authors have suggested that adults' internal working models do not involve a single perspective, but instead entail a hierarchy of models containing general ideas about close relationships, and within those, information related to specific relationships or even specific events within a relationship (see Figure 2).

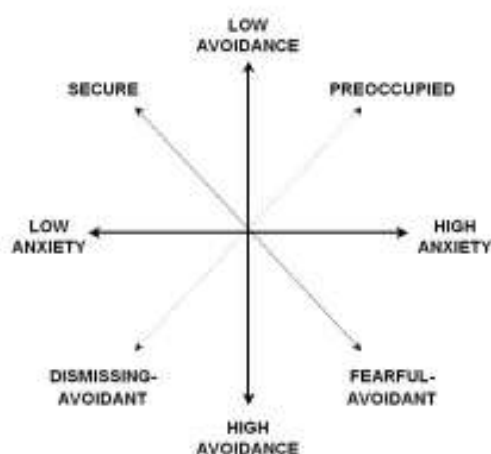


Figure X. The two-dimensional model of individual differences in adult attachment (Bartholomew y Horowitz, 1991)

2.2.2. Weiss' theory of loneliness (1973)

Weiss (1973) made a distinction between loneliness due to emotional isolation and loneliness due to social isolation. Emotional isolation appears in the absence of close emotional attachment whereas social isolation appears in the absence of an engaging social network. Relationship with parents and peers constitute two different social contexts in which loneliness develops. A study of loneliness in children and adolescents therefore distinguishes between loneliness due to relationship with parents (parent-related loneliness) and loneliness due to relationship with peers (peer-related loneliness).

2.2.3. López's basic interpersonal needs theory (1995, 2008)

The basic interpersonal needs interactive model of López (1995, 2008) stick together other important theories about human needs commented previously (Bowlby, 1958; Weiss, 1973). According to López (1995), human development is a result of an interaction between the individual and the society, so that the human development is multidimensional, multidirectional and multicausal. In this reciprocal interaction between the person and the society, each part resolves their proper needs, in the case of the person their interpersonal needs.

This theory (2008) situates mental, emotional, affective and social needs in the same level than autonomy and health (see Figure 3). It conceives the humans like a cultural and philosophic being that needs to learn and understand the reality. The human being needs social contact and attachment, and these kinds of needs are so important than physiological needs.

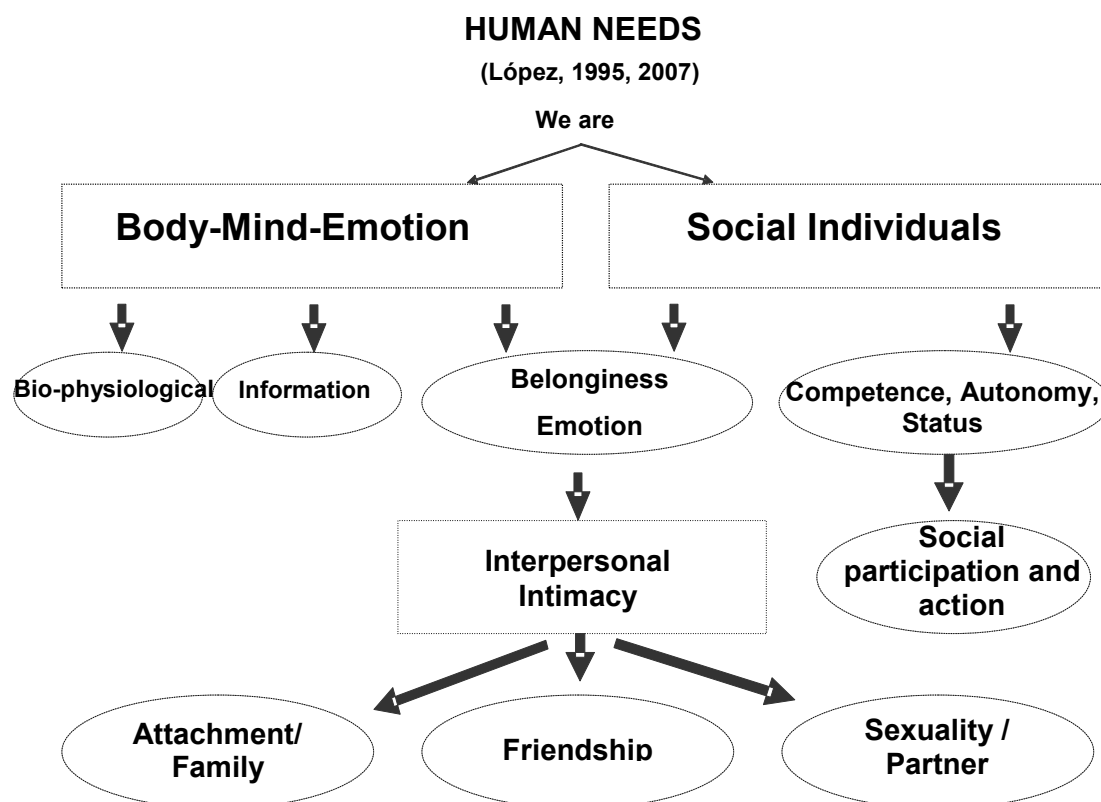


Figure 3. Human needs in human development (López, 1995, p.14)

Like other authors, López (1995) considers that interpersonal needs are universal. All people have to resolve them adequately, but the way that every person do it is different because of his/her culture, education, etc.

According to López, interpersonal needs are three: emotional, social and sexual needs (1997, 2008). In the last years, sexual needs have acquired an important support in the study of the interpersonal needs; in fact, Noller and Feeney (2006) have included in their last study these interpersonal relationships.

This theory asserts that each need is satisfied by different kinds of interpersonal bonds (1997), and when the person does not cover adequately these needs, the person will feel loneliness. Depending on the unsatisfied need the person will feel emotional, social or sexual loneliness. But the most interesting of this theory for this study is that links every kind of loneliness with different risks (see Figure 4).

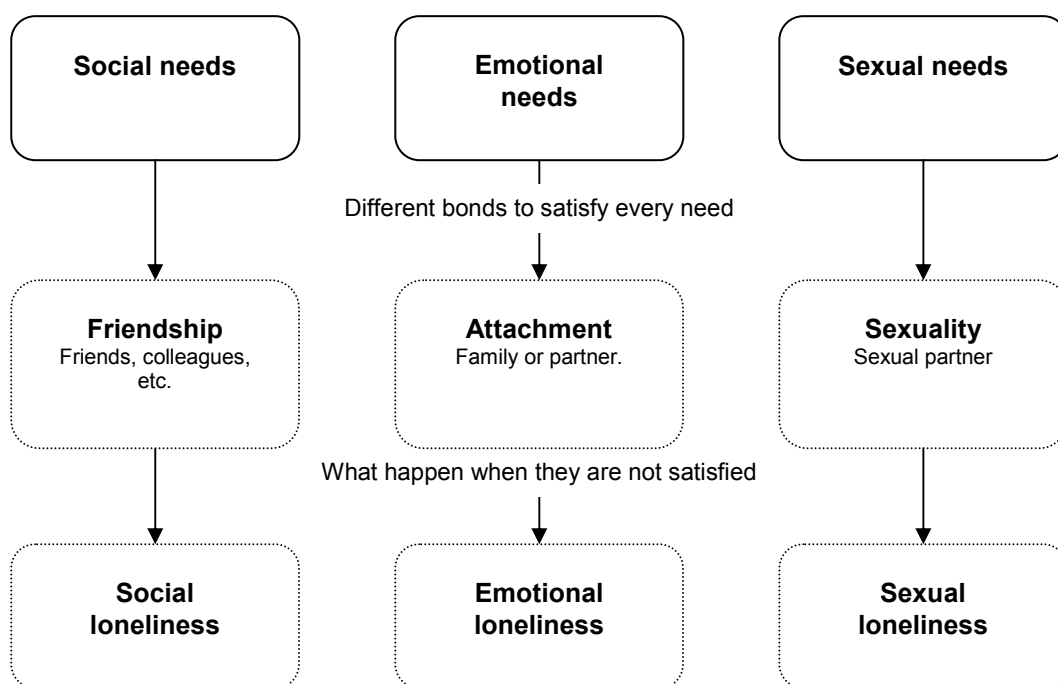


Figure 4. Basic interpersonal needs of López (Carcedo, 2005, p.29)

Emotional needs are the necessity of establishing affective bonds perceived like unconditional and lasting; this is the nature of the attachment bond. Attachment figures are very important both childhood and adulthood, but, What happens when this need is not satisfied during adulthood? Then, loneliness feelings will appear like emotional loneliness and the person will have more vulnerability to health (see Table 4).

Table 4. Risks associated to an unsuitable resolution of the emotional needs

RISKS ASSOCIATED TO EMOTIONAL NEEDS

- 1 Attachment figures as a risk:
 - a) Sexual partner is a delinquent, violent, use drugs, etc.
 - b) Father, mother or siblings are delinquents, drug users or violent.
- 2 Doing risk activities with their attachment figures (e.g. use drugs, etc.)

Social needs are the necessity of having a social network. According to López (1995, 2008) this need is resolved by friendly relationships, colleague relationships, social group membership, etc. When this need is not adequately satisfied, it will appear social loneliness

and there will be some risks associated to this loneliness feeling (see Table 5). Social support is one of the main factors that mediate between social integration and health status. (Simpson y Tran, 2006).

Table 5. Risks associated to an unsuitable resolution of the social needs

RISKS ASSOCIATED TO SOCIAL NEEDS

- | | |
|---|---|
| 1 | Friends or colleagues as a risk: delinquents, drug users, etc. |
| 2 | Doing risk activities with their friends (e.g. use drugs, etc.) |
-

Sexual needs are the necessity of pleasure, bodily contact and sexual intimacy. According to this theory (1995, 2008) this need is resolved by intimate relationships associated to sexual desire, attraction, infatuation, and the emotional feelings with the sexual partner. When this need is not adequately satisfied, it will appear sexual loneliness or frustration, and one of the main risks are risky sexual behaviours (see Table 6).

Table 6. Risks associated to an unsuitable resolution of the sexual needs

RISKS ASSOCIATED TO SEXUAL NEEDS

- | | |
|---|--|
| 1 | Non healthy sexual relationships |
| 2 | Non desired pregnant |
| 3 | Sexually transmitted diseases and HIV/AIDS |
| 4 | Sexual abuse |
-

López theory adds sexual needs in the study of human needs. Because of the nature of prostitution is interesting to prove if this collective fulfils their needs, and they do that without risks.

2.3. Interpersonal needs of people who works in prostitution

Social relationships, power structures, loneliness feelings, desires, etc. are not studied in people who practice prostitution, although we have seen that are very important in the study of health, quality of life and risky behaviours (Agustín, 2001; Sanders, 2004, 2005).

People who practice prostitution can have difficulty to satisfy their human needs, and specifically their interpersonal needs. Two aspects which act as a barrier for the satisfaction

of the interpersonal needs are the prejudices and the stigma associated to prostitution (Agustín, 2001; Baker, Wilson y Winebarger, 2004; Bindman y Doezema, 1997; Elias, Bullough, Elias y Brewer, 1989; Juliano, 2004a; López y Mestre, 2006; Medeiros, 2000; Pheterson, 1990, 2000; Perkins, 1991; Sanders, 2006; Shaver, 2005; Vandepitte, 2006; Weitzer, 2005a; Wolfers, 1999).

People who practice prostitution have been one of the social groups more prejudiced of the history because of the activity that they do and the situation is worse when there are other added factors like female gender, immigration or they belong to a sexual minority group, like travesties or transsexuals (Juliano, 2004a; Pheterson, 2000). There are a lot of prejudices about people who practice prostitution, like: they are undefended victims, illiterates, not worry about their life, lazy, unstable, guided by their instincts, pessimist, have no sense to save money, superstitious, traumatized, criminals, viciousness, frigid, promiscuous, insensible, source of infection, etc. (Agustín, 2001; Juliano, 2002; Perkins, 1991; Pheterson, 1990).

Prejudices are attitudes that facility the appearance of stigma, which is like a spot due of an inadequate social behaviour, which in this case is prostitution.

Stigma is linked with isolation, discrimination and social exclusion, its function is to label all the groups or persons with inadequate behaviours and then put them out of the borders of the main social group. Prejudices and stigma underestimate this collective of people because of are women, transvestites/transsexuals, immigrants, and work in prostitution. (Bindman y Doezema, 1997; Juliano, 2004a; Medeiros, 2000).

Stigma tint all the interpersonal relationships of the individual, with his/her family, partner, children, friends, neighbours, etc. but in this case, prostitute stigma is a social status for all the life (López y Mestre, 2006, p. 47). Stigma is like an identity that marks all the roles in the life of the person (mother, wife, daughter, etc.) and goes with the person for the lifetime (Petherson, 2000; Juliano, 2002, 2004a; Junco, 2003).

CHAPTER III HEALTH AND QUALITY OF LIFE

3.1. Health-related quality of life

Quality of life is the degree of well-being felt by an individual or group of people. Unlike standard of living, quality of life is not a tangible concept, and therefore cannot be measured directly. Furthermore, quality of life consists of two components. The first is a physical aspect which includes such things as health, diet, as well as protection against pain and disease. The second component is psychological in nature. This aspect includes such things as stress, worry, pleasure and other positive or negative emotional states. It is virtually impossible to predict the quality of life of a specific individual, since the combination of attributes that leads one individual to be content is rarely the same for another individual. However, one can assume with some confidence the higher average level of diet, shelter, safety, as well as freedom and rights, a general population has, the better overall quality of life said population experiences. Understanding quality of life is today particularly important in health care, where monetary measures do not readily apply. Decisions on what research or treatments to invest the most in are closely related to their effect on a patient's quality of life.

3.2. Quality of life and health of people who works in prostitution

Quality of life concept is based on social integration and interpersonal relationships. For this reason we can think that excluded social groups, like prostitutes, can find difficulties to get a good level of quality of life. We consider the necessity of assessing the quality of life status of people who practice prostitution because is necessary to know their wellbeing level and the link between quality of life and interpersonal needs. Studies about quality of life of prostitutes practically do not exist, they usually assess their physical health (e.g. HIV/AIDS status, drug use, sexually transmitted diseases, etc.) and sometimes their psychological health (e.g. posttraumatic stress disorder, depression, anxiety, etc.) but is not frequent to study social factors in their lives, although we have seen that they have large deficiencies like social discrimination and exclusion.

3.3. Links between quality of life, health and interpersonal needs

There are a lot of references about the links among health, quality of life and the satisfaction of interpersonal needs (Brehm, 1985; DiTomaso and Spinner, 1997; López, 1995; Maslow, 1954; Ochaíta and Espinosa, 2004; Peplau and Perlman, 1982; Steverink and Lindenberg, 2006). Weiss in 1973 proposed different symptomatological patterns for every type of loneliness, for example, emotional loneliness is accompanied with symptoms like anxiety, depression, fear, etc. Social loneliness is accompanied with symptoms like boredom, margination, behaviours problems, etc. And finally, both loneliness patterns are accompanied by stress, sleep disorders etc. Peplau and Perlman (1982) state that there are a group of symptoms associated to loneliness experience, and there are medical and social problems. According to these authors loneliness is associated with several problems that affect not only the health of a person but also the health of the society in general. Fischer and Phillips (1982) have found relation among loneliness and suicide, depression, anxiety, physical health problems, etc. According to these authors, loneliness provokes more vulnerability to diseases, disorders and health problems, both physical and psychological. There are lots of authors whose studies have stated associations between loneliness and health problems (Booth, 1995; Cacioppo et al., 2002; DiTomaso y Spinner, 1997; Weiss, 1973).

RESEARCH DEVELOPMENT

CAPÍTULO IV. PROBLEM APPROACH



Figure 5. Abstract of variables of this study

CHAPTER V OBJECTIVES AND HYPOTHESIS

OBJECTIVE 1. *Describes different profiles about prostitution in Castilla y León, setting out the differences between outdoor and indoor prostitution.*

These profiles will be drawn from these thematic areas:

- Characteristics of people who practice prostitution
- Academic level and labour antecedents
- Characteristics and conditions in prostitution
- Social and family history
- Physical, sexual and psychological health status

OBJECTIVE 2. *Analyse in which grade people who practice prostitution satisfy their basic interpersonal needs (emotional, social and sexual needs). First with the general sample and then with each type of prostitution.*

OBJECTIVE 3. *Analyse how is the quality of life of people who practice prostitution (physical, psychological, social and environmental health). First with the general sample and then with each type of prostitution.*

OBJECTIVE 4. *Setting out a possible explanation about the differences in quality of life among the types of prostitution, taking health factors and interpersonal factors into account. First with the general sample and then with each type of prostitution.*

CHAPTER VI. METHODOLOGY

6.1. Design

This study was conducted during 2006-2007 in six Spanish cities of Castilla y León (Valladolid, Salamanca, Zamora, Leon, Palencia and Burgos). We have used quantitative research and designed a semi-structured interview to study prostitution in Castilla y León and compared three types of prostitution: street (outdoor), club and flat (indoor prostitution) to analyse their differences and similarities. All respondents defined their involvement in prostitution as voluntary and were 18 years old, or above.

6.2. Participants

The precise number of persons working in prostitution in Castilla y León is unknown but some studies done in this Spanish region set the number between 3.000 and 3.500 persons (Alonso, 2001; Asé-Psiké, 1998; Gutiérrez, Pinedo and Martín, 2006; López and Pinedo, 2007; Solana, 2003).

We used an incidental sampling since it is practically impossible to obtain representative samples due to the characteristics of this population; (illegal immigration, prostitution is stigmatized and they work in hidden places, etc.). Although we used an incidental sampling, we tried to improve the representativeness of the sample following these criteria:

- We collected data from people working in cities and in provinces.
- We collected data from people working in clubs, flats and streets.
- We interviewed both Spanish prostitutes and foreign people of different nationalities (Africa, Latin America, Eastern Europe, etc.).
- We not did more than 10 interviews in each locale (flat or club).
- Interviewed people who spoke Spanish.

We had direct access to people who practice prostitution because we went to the places where they are working; flats, clubs and streets and interviewed without mediators. A total of 238 prostitutes were contacted of whom 146 (61.34%) participated in this study.

The average age of the sample was 30.9 years old (S.D. =7.63), foreign prostitutes being younger (29.50 years; S.D. = 7.05) than Spanish (35.58 years; S.D.=7.77). The main group of the sample was female prostitutes (81.5%), followed by transsexual prostitutes (15.1%) and male prostitutes (3.4%) (see Figure 6).

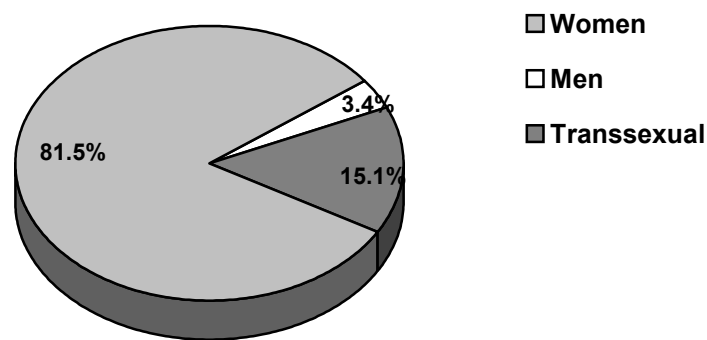


Figure 6. Distribution of gender in the sample

The sample consisted of three types of prostitution; 14.4% were street prostitutes, 22.6% were club prostitutes and 63% were flat prostitutes (see Figure 7).

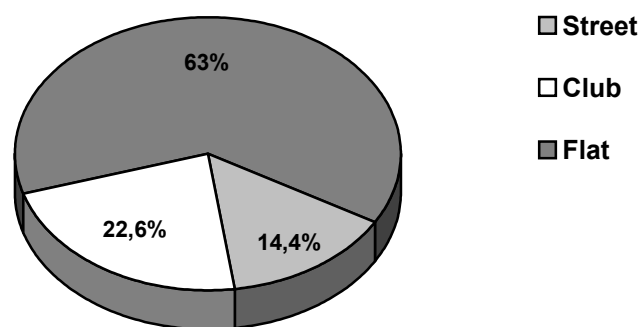


Figure 7. Distribution of types of prostitution in the sample

According to other studies between 80 and 90% are foreign prostitutes (Agustín, 2001; Informe de la Guardia Civil, 2002; Juliano, 2004). The next figure (see Figure 8) shows the distribution of nationality; the foreign group is composed of Latin Americans (88.5%), Eastern Europeans (6%), Africans (4.5%) and Asians (1%).

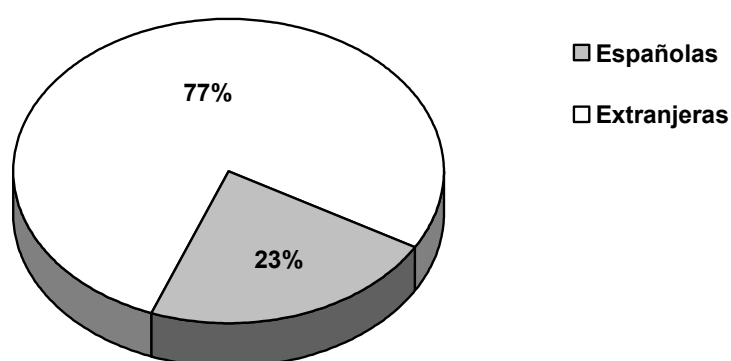


Figure 8. Distribution of nationality in the sample

We have assessed the legal status of foreign prostitutes and the main group is legal (48.7%), 13.3% are applying for a residence permit and 38% are illegal.

Figure 8 shows the distribution of nationality for the different types of prostitution; indoor prostitution is practised mainly by foreign prostitutes while outdoor prostitution is practised mainly by Spanish people (see Figure 9).

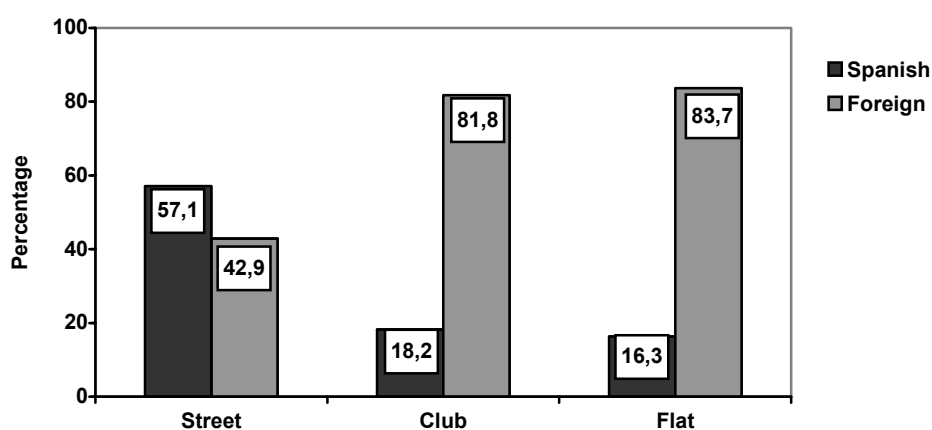


Figure 9. Distribution of nationality for the different types of prostitution

Finally, Figure 10 shows the distribution of gender for the different types of prostitution. We found that transsexuals only practice prostitution in streets and flats, and male prostitutes only in flats. Owners of flats and clubs do not usually allow people who use drugs and

sometimes transsexuals to work on their premises, so we find these people working on the streets.

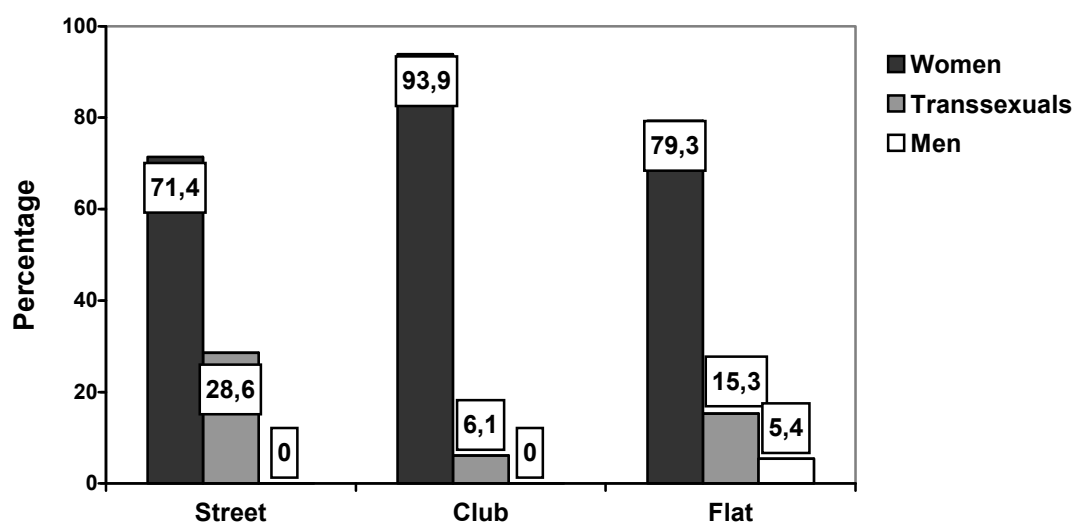


Figure 10. Distribution of the gender for the different types of prostitution

6.3. Variables and instruments

Table 7 show all variables assessed in this study and instruments used to collect the data.

Table 7. Variables and instruments used to collect the data

VARIABLES	INSTRUMENTS	
1. SOCIODEMOGRAPHIC AND PROSTITUTION VARIABLES:		
<i>Age, gender, nationality and legal status (foreign people)</i>		
<i>Academic level and labour situation:</i>		
<ul style="list-style-type: none">- Academic level and years of education- Labour situation before practicing prostitution	<i>Semi-structured interview</i>	
<i>Current labour situation:</i>		
<ul style="list-style-type: none">- Income: Other jobs, social benefits and prostitution- Type of prostitution- Age of entry into prostitution- Length of time in prostitution- Reasons for entry into prostitution- Reasons for exit from prostitution		

Conditions of prostitution:

- Fares and payment form
- Length of time at work per day
- Number of clients per day
- Mobility
- General satisfaction with prostitution
- Perceived needs
- Reasons for prostitution legalization

Family and social life:

- Civil status and life together
 - Number of children and their residence
 - Support from children's father
 - Reasons for separation or divorce
 - Residence of family
 - Residence of closest friends
 - Friends in prostitution milieu
 - Sociofamiliar satisfaction
-

2. HEALTH STATUS:**Physical health:**

- Use of sanitary service
- Reasons for not using sanitary services
- Frequency of medical checkup
- Drug use: length of time, type of drug and frequency
- Physical maltreatment during prostitution

**Semi-structured
interview**

Sexual health:

- First non-coital and coital sexual relationship
- Number of sexual partners
- Use of contraceptives and barriers methods
- Non desired pregnancies and number of induced abortions
- Sexually transmitted diseases and HIV/AIDS
- Sexual abuse during prostitution
- Sexual pleasure with clients

**Semi-structured
interview**

Psychological health:

- Mental health before prostitution (anxiety and depression)
- Current mental health:
 - Anxiety
 - Depression
 - Self-esteem
- Psychological maltreatment during prostitution

**SCL-90-R
(Derogatis, 1994)
RSE(Rosenberg (1965)**

3. BASIC INTERPERSONAL NEEDS:

- *Emotional needs: Emotional loneliness*
 - Family emotional needs
 - Partner emotional needs
- *Social needs: Social loneliness*
- *Sexual needs: Sexual loneliness*
 - Sexual satisfaction
 - Sexual depression

SELSA-SHORT**(DiTomaso, Brannen & Best, 2004)****MSSCQ****(Snell, 1995)****4. QUALITY OF LIFE:**

- Physical health
- Psychological health
- Social health
- Environmental health

WHOQOL BREF**(OMS, 1996)****6.4. Process**

The ACLAD Association (Asociacion Castellano Leonesa de Ayuda al Drogodependiente) and its socio-sanitary program called Lua supported this study. We decided to conduct the interviews as far as possible in the prostitutes' environment (street, club or flat) in order to recruit more people and achieve higher representativeness.

One of the objectives of the Lua program is promote safe sex among prostitutes, for that reason we visit prostitutes and teach them safe sex practices in workshops. We use newspaper advertisements to contact and explain to them our objectives and services by phone. If they permit us to visit them in their flat or club we offer the safe sex workshops as well as free condoms and lubricants. After the workshop when we have established a more confiding relationship with them, we explain our study, the interview and request their participation in our study.

Interviews were conducted in a conversational style, using open-ended questions, which were analysed using our categories. Interviews lasted between 40-90 minutes. All people interviewed were informed about the objectives and confidentiality of the interview.

6.5. Statistical analyses

SPSS 15.0 was used for data analyses. Descriptive and inferential analyses were carried out with the variables assessed to achieve the objectives proposed. Comparative analyses among types of prostitution were done using t-test and ANOVA. To study the relationship between variables we used Pearson correlation and step by step multiple regressions. All statistical analyses were done with an $\alpha=.01$.

CHAPTER VII. RESULTS

7.1. Description of different profiles of people who work in prostitution

7.1.1. Academic level and labour situation

7.1.1.1. Academic level

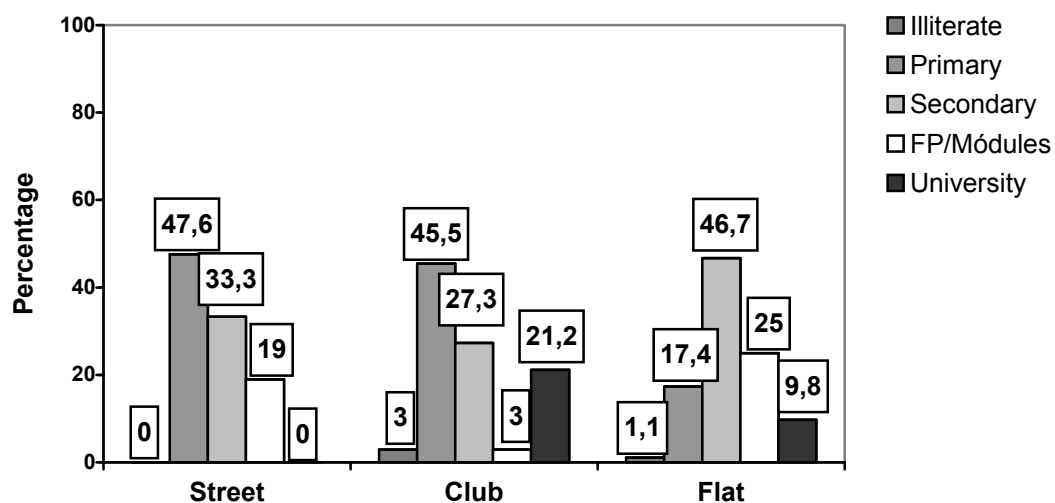


Figure 11. Academic level depending on types of prostitution

7.1.1.2. Labour situation

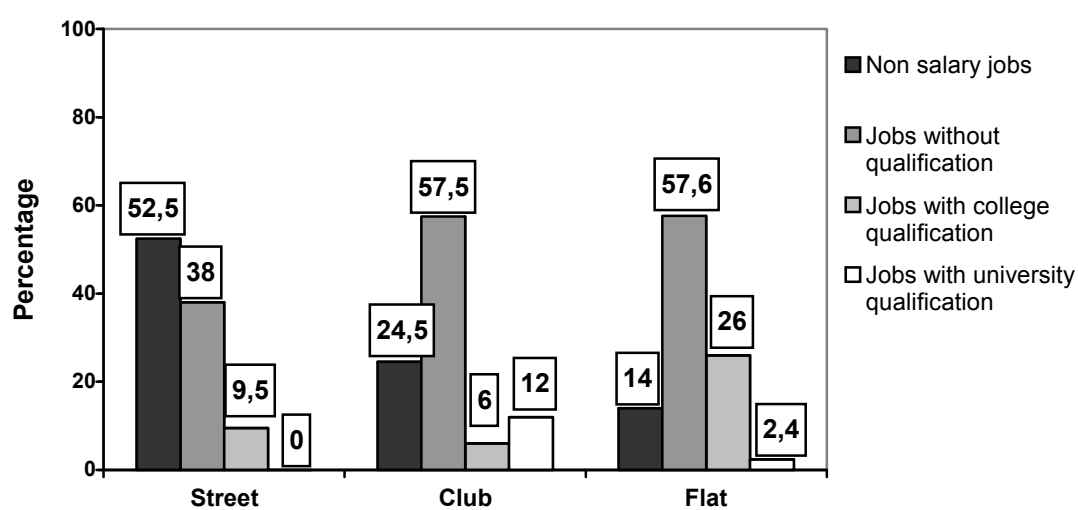


Figure 12. Labour situation before prostitution depending on types of prostitution

Table 7. Current labour situation and monthly income (€) of interviewed people

Current labour situation	N (%)	Prostitution incomes (€)			Other jobs (€)			Social benefits incomes (€)			Total (€)
		Media (d.t.)	Mín.	Máy.	Media (d.t.)	Mín.	Máy.	Media (d.t.)	Mín.	Máy.	Media (d.t.)
Prostitution	127 (87)	2408.6 (1365.10)	300	8000							2408.66 (1365.10)
Prostitution and other job	8 (5.5)	987.50 (551.46)	200	2000	417.50 (275.82)	30	700				1417.50 (689.16)
Prostitution and social benefits	10 (7)	1350 (1027.70)	200	3000				293.40 (64.39)	200	400	1643.40 (1029.37)
Prostitution, jobs and benefit	1 (0.5)	1100 (0)	1100	1100	572 (0)	572	572	80 (0)	80	80	1752 (0)
Totals	146 (100)	2249.32 (1369.13)	200	8000	434.70 (263.10)	30	700	274 (88.72)	80	400	2297.44 (1339.10)

7.1.1.3. Reasons for entry and exit of prostitution

Table 8. Reasons for entry and exit of prostitution depending on types of prostitution

Reasons for entry		N	M	S.D.	Reasons for exit		N	M	S.D.
Don't find other job	Street	21	1.71	1.52	When I find other job	Street	21	1.86	1.46
	Club	33	3.03	1.72		Club	33	3.61	1.44
	Flat	92	2.85	1.89		Flat	92	2.98	1.90
	Total	146	2.73	1.84		Total	146	2.96	1.82
Earn more money than in other jobs	Street	21	2.57	1.91	When I find other job with similar income	Street	21	1.90	1.70
	Club	33	3.94	1.39		Club	33	4.30	1.24
	Flat	92	3.83	1.64		Flat	92	3.73	1.77
	Total	146	3.67	1.68		Total	146	3.60	1.80
Pay my drugs	Street	21	2.81	1.99	When I stop to use drugs	Street	21	2.67	1.98
	Club	33	1.15	.62		Club	33	1.00	.00
	Flat	92	1.05	.43		Flat	92	1.03	.31
	Total	146	1.33	1.06		Total	146	1.26	.97
Forced by other person	Street	21	1.90	1.67	When I am no longer coerced	Street	21	1.00	.00
	Club	33	1.42	1.20		Club	33	1.00	.00
	Flat	92	1.18	.80		Flat	92	1.00	.00
	Total	146	1.34	1.08		Total	146	1.00	.00

Reasons for entry into prostitution given by interviewed prostitutes:

"I came to work in prostitution to earn money as soon as possible" (Colombian woman, 25 years)

"I began to work in prostitution because I had to pay a debt in my country; now I'm illegal here and I can't work in other jobs (Colombian Woman, 35 years)

"I need money to pay my home in my country, in our country is very difficult to save money to buy a house" (Brazilian Transsexual, 26 years)

"I need money to operate my breasts, my nose, and my cheekbone" (Brazilian Transsexual, 33 years)

"I need money to pay the college of my son and mine" (Brazilian woman, 23 years)

"My father is dead and my family, and me, needed money" (Spanish woman, 28 years)

Reasons for exiting from prostitution given by interviewed prostitutes:

"When I save the money that I need" (Brazilian woman, 47 years)

"I earn extra money, as soon as I feel good" (Spanish woman, 35 years)

"When I've paid my debts" (Brazilian woman, 30 years)

"When I have my documentation and I can work in other things" (Paraguayan woman, 45 years)

"When I have another job with an higher income" (Colombian woman, 35 years)

"When I'm tired" (Brazilian woman, 22 years)

Table 9. Paying for drugs as reason for entry into prostitution depending on types of prostitution

Reason for entry		Type of prostitution				Reason for exit		Type of prostitution			
		Street	Club	Flat	Total			Street	Club	Flat	Total
Pay my drugs	Yes	10 (47.62%)	2 (6.06%)	1 (1.09%)	13 (8.90%)	When I stop using drugs	Yes	9 (42.86%)	0 (0%)	1 (1.08%)	10 (6.8%)
	No	11 (52.38%)	31 (93.94%)	91 (98.90%)	133 (91.10%)		No	12 (57.14%)	33 (100%)	91 (98.91%)	136 (93.2%)
	Total	21	33	92	146		Total	21	33	92	146

7.1.1.4. Labour conditions

Table 10. Sexual services fares (€) depending on types of prostitution

		Type of prostitution			Total
		Street	Club	Flat	
Complete (€)	M	27.67	31.11	50	31.30
	(S.D.)	(8.63)	(7.41)	(17.32)	(11.32)
	Min-Max	20-40	25-50	30-60	20-60
20 min. (€)	M	30	41.76	40.94	40.46
	(S.D.)	(0)	(19.68)	(5.37)	(9.33)
	Min-Max	30-30	20-80	30-60	20-80
40 min. (€)	M	46.67	51.47	58.10	56.10
	(S.D.)	(5.16)	(10.46)	(11.09)	(11.19)
	Min-Max	40-50	40-70	40-90	40-90
1 hour (€)	M	60	90.50	84.90	85.41
	(S.D.)	(0)	(18.48)	(11.31)	(13.73)
	Min-Max	6-60	60-120	70-120	60-120

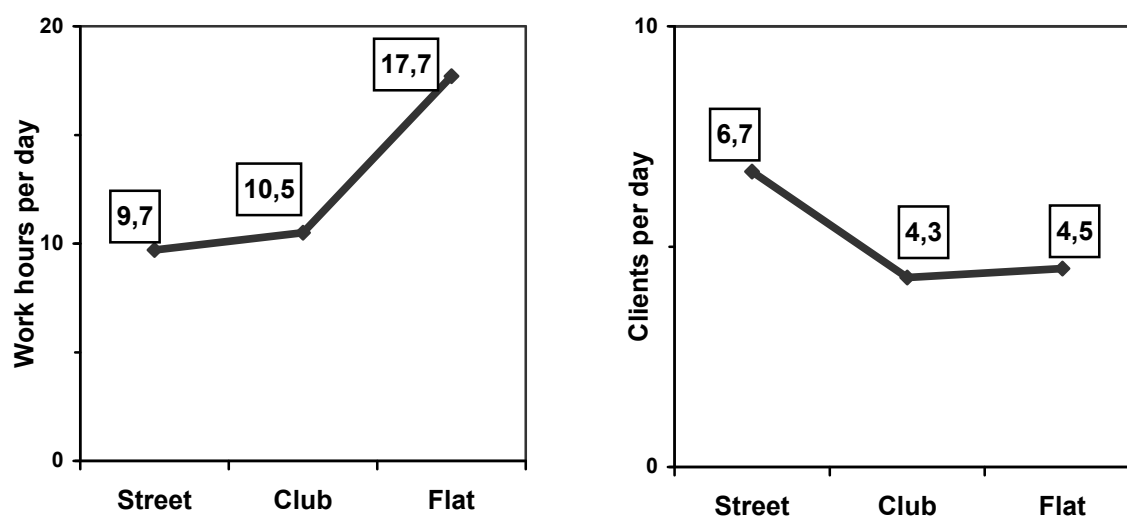


Figure 13. Number of work hours (left) and clients per day (right) depending on types of prostitution

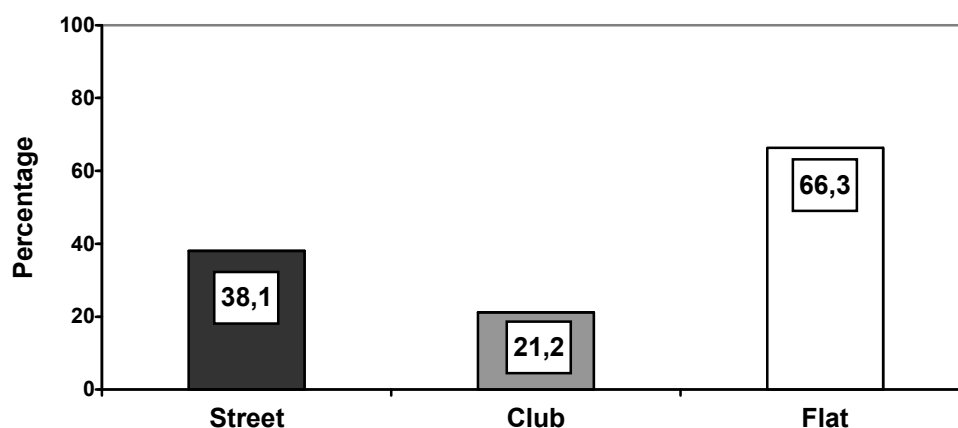


Figure 14. Mobility in prostitution depending on prostitution

Table 11. Mobility frequency depending on types of prostitution

		Type of prostitution			Total
		Street	Club	Flat	
Mobility frequency	One time per month (Plaza)	4 (50%)	5 (71.43%)	42 (68.85%)	51 (67.11%)
	Two or three per month	3 (37.5%)	2 (28.57%)	11 (18.03%)	16 (21.05%)
	One time per year	1 (12.5%)	0 (0%)	8 (13.11%)	9 (11.84%)
	Total	8	7	61	76

7.1.1.5. Labour satisfaction and perceived needs

Table 12. Satisfaction with prostitution depending on types of prostitution

Satisfaction with prostitution		Nothing (0)	Little (1)	Normal (2)	Enough (3)	Very much (4)	N	M	S.D.
Types of prostitution	Street	11 (7.5%)	2 (1.4%)	3 (2.1%)	5 (3.4%)	0 (0%)	21	1.10	1.30
	Club	14 (9.6%)	11 (7.5%)	7 (4.8%)	1 (0.7%)	0 (0%)	33	.85	.87
	Flat	13 (8.9%)	19 (13%)	42 (28.8%)	10 (6.8%)	8 (5.5%)	92	1.79	1.10
	Total	38 (26%)	32 (21.9%)	52 (35.6%)	16 (11%)	8 (5.5%)	146	1.48	1.15

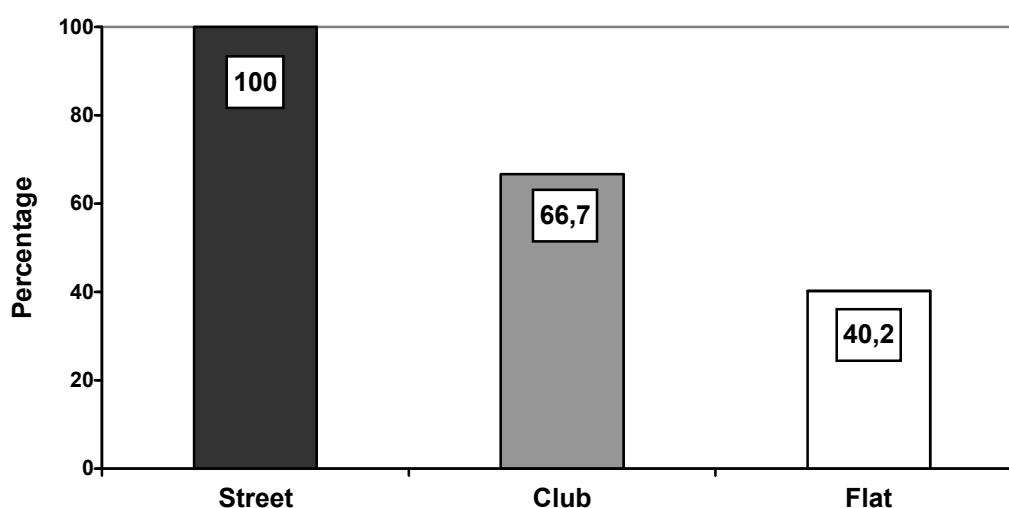


Figure 16. More security in work place depending on types of prostitution

Table 13. Reasons to legalize prostitution depending on types of prostitution

	Types of prostitution			Total
	Street	Club	Flat	
Become legal	3 (15%)	1 (3.45%)	13 (15.48%)	17 (12.8%)
More protection	4 (20%)	11 (37.93%)	13 (15.48%)	28 (21%)
Have social and labour rights	11 (55%)	15 (51.72%)	51 (60.71%)	77 (58%)
Respect and less discrimination	2 (10%)	2 (6.90%)	7 (8.33%)	11 (8.2%)
Total	20	29	84	133

People who think that is good to legalize prostitution state these reasons:

“We could become legal and then we could have a work permit, we would lose the fear of raids” (Brazilian woman, 21 years)

“Now you can’t bring charges against the client, in the end the delinquent are you. If the prostitution was legal we could bring charges without fear and then a lot of mafias would disappear” (Spanish woman, 28 years)

“Legalization would help to see the prostitution like something normal, like any other job, and people would respect us like workers” (Brazilian transsexual, 29 years)

7.1.2. Family and social life

7.1.2.1. Family relationships

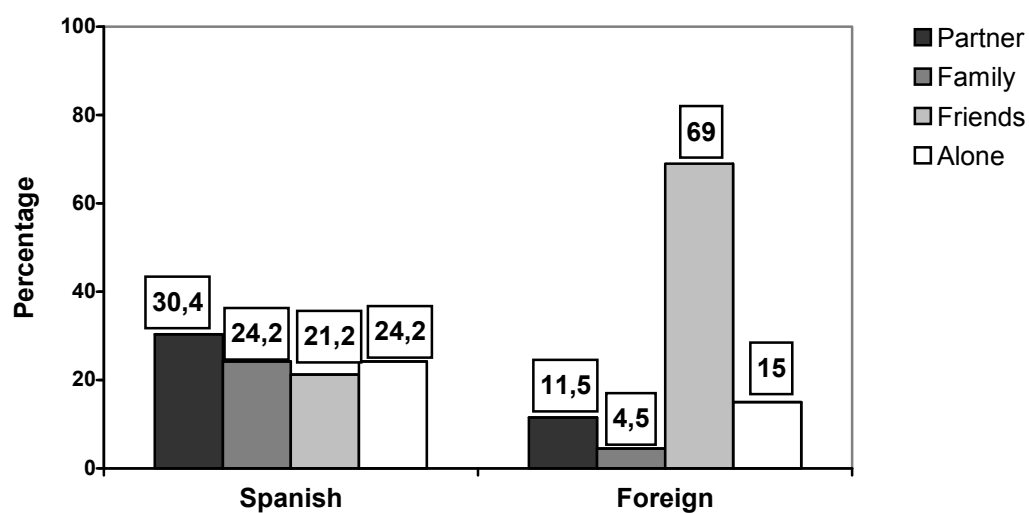


Figure 17. Life together depending on nationality

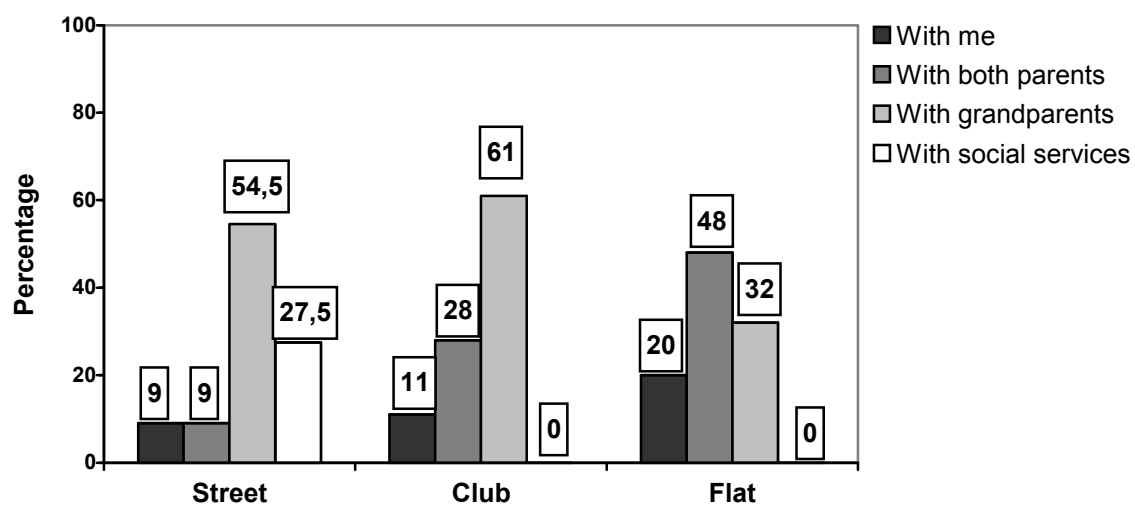


Figure 18. Place where their children are living depending on types of prostitution

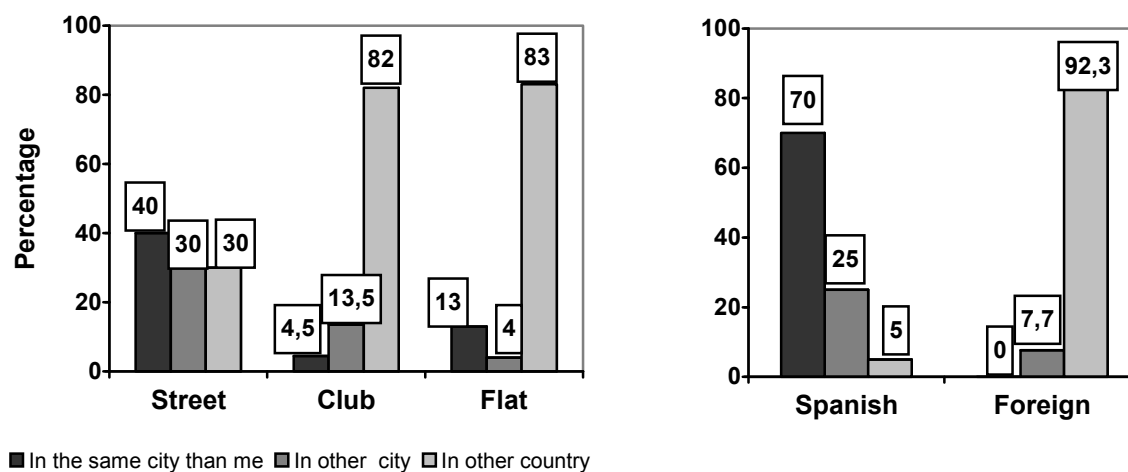


Figure 19. Place where their family is living depending on types of prostitution (left) and nationality (right)

7.1.2.2. Social relationships

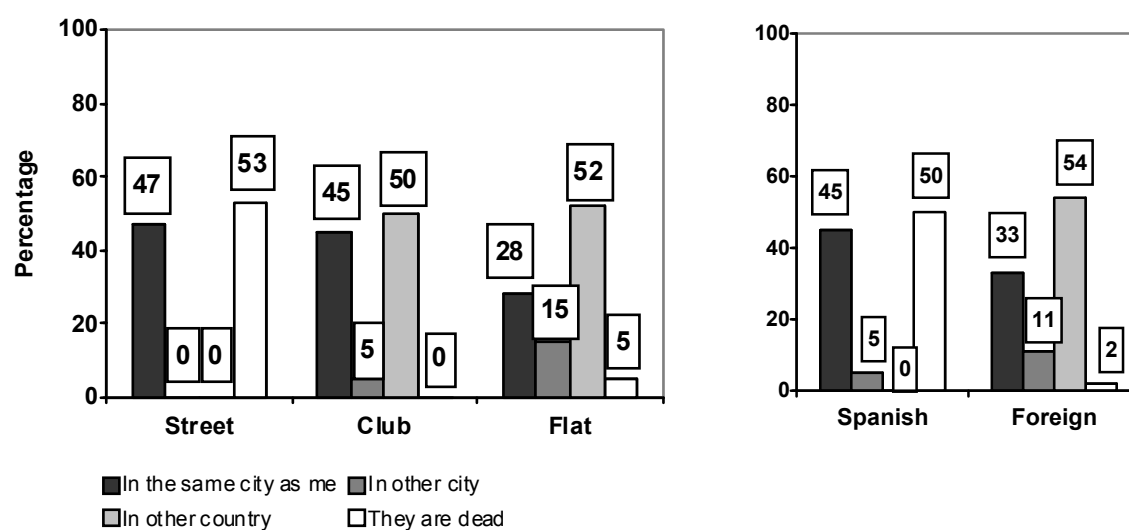


Figure 20. Place where their closest friends are living depending on types of prostitution (left) and nationality (right)

7.1.2.3. Social and family satisfaction

The majority of the sample feels low satisfaction with their family and social relationships. The level of satisfaction reported was between 1 and 2 which corresponds to their satisfaction being between “I am not satisfied at all” and “I am very satisfied”

respectively. Following are some of the comments that interviewees stated about their family and social relationships:

“My family doesn’t know about it. I have to hide when I’m working; I don’t want that my family or my son know what I’m doing” (Spanish woman, 36 years old)

*“No, no, no, on the streets you can’t find friends. We are not colleagues.
There is no solidarity among us” (Spanish woman, 36 years old)*

7.1.3. Physical, sexual and psychological health

7.1.3.1. Physical health

- Drug use

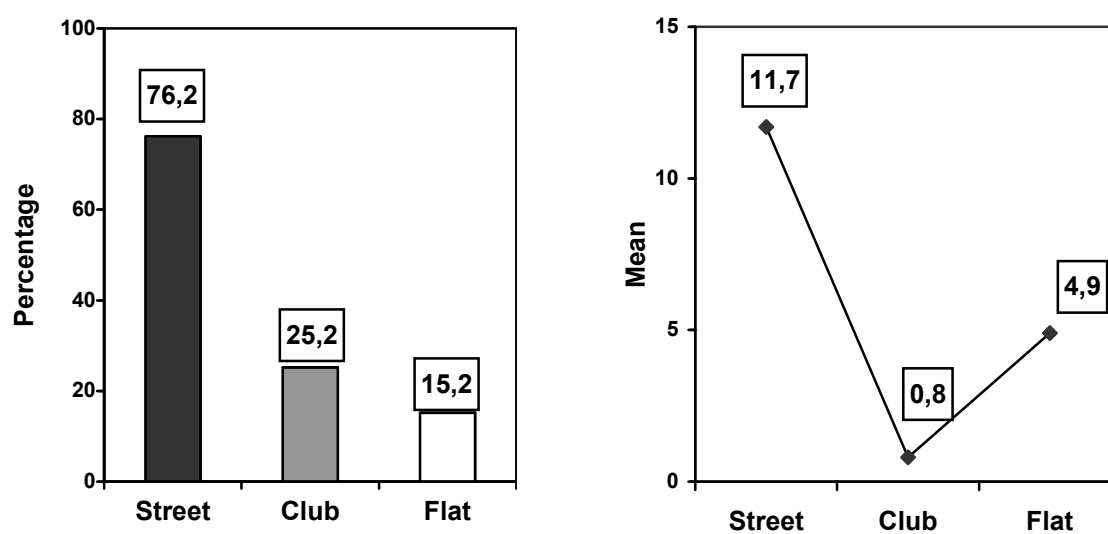


Figure 21. Drug use (left) and mean of months taking drugs (right) depending on type of prostitution

Table 14. Drug use frequency depending on type of prostitution

Drug use frequency*		Type of prostitution			Total
		Street	Club	Flat	
Heroin	N	21	33	92	146
	M	1.86	0	0	.26
	(S.D.)	(2.01)	(0.00)	(0.00)	(.29)
	% Daily use	6.2%	0%	0%	6.2%

Cocaine	M	2.19	.36	.22	.53
	(S.D.)	(1.75)	(1.03)	(.72)	(1.20)
	% Daily use	5.5%	0.7%	0%	6.2%
Hashis or cannabis	M	1.05	.18	.32	.39
	(S.D.)	(1.40)	(.77)	(.97)	(1.02)
	% Daily use	1.4%	0.7%	2.7%	4.8%
Tobacco	M	2.95	.94	1.41	1.53
	(S.D.)	(1.72)	(1.69)	(1.88)	(1.91)
	% Daily use	10.3%	4.8%	19.9%	34.9%
Alcohol	M	2.52	.79	1.76	1.65
	(S.D.)	(1.21)	(1.24)	(1.31)	(1.38)
	% Daily use	2.1%	0%	0.7%	2.7%
Total	M	2.18	.57	.93	1.09
	(S.D.)	(1.52)	(1.18)	(1.22)	(1.45)

* 0. Never; 1. 1 or 2 timer per year; 2. 1 o 2 times per month; 3. 1 o 2 times per week; 4. Daily

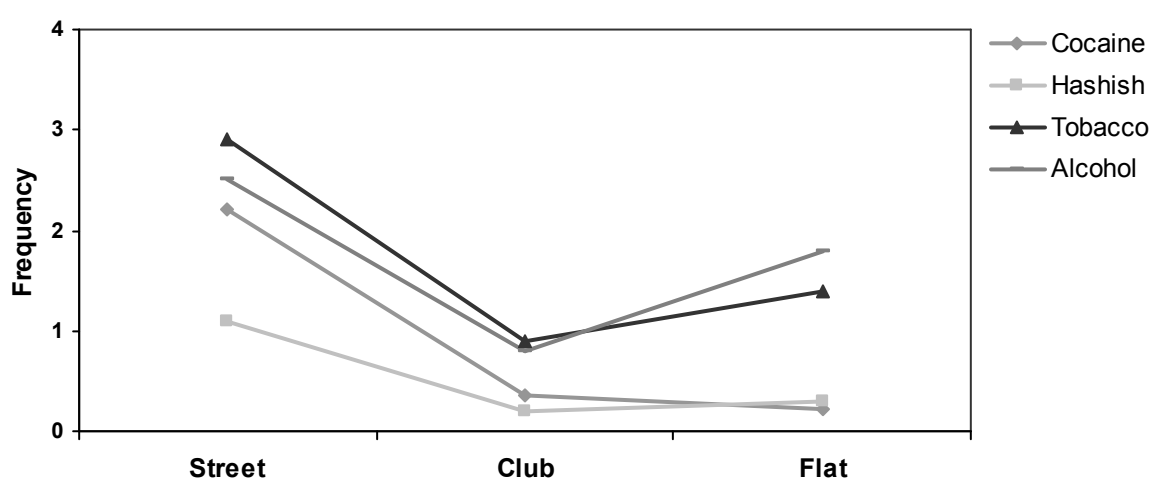


Figure 22. Mean of drug use frequency depending on type of prostitution

- Physical maltreatment during prostitution

Table 15. Physical maltreatment depending on type of prostitution

Physical maltreatment frequency *		Type of prostitution			Total
		Street	Club	Flat	
N		21	33	92	146
Client	M	1.33	.70	.24	.50
	(S.D.)	(1.16)	(.98)	(.50)	(.84)
	Min.-Max.	0-3	0-3	0-2	

Boss or managers	M	.05	.18	.03	
	(S.D.)	(.22)	(.63)	(.23)	.07
	Min.-Max.	0-1	0-3	0-2	(.37)
Colleagues	M	.71	.15	.02	
	(S.D.)	(.96)	(.44)	(.21)	.15
	Min.-Max.	0-2	0-2	0-2	(.50)
Partner	M	1.43	.15	.14	
	(S.D.)	(1.70)	(.62)	(.56)	.33
	Min.-Max.	0-4	0-3	0-3	(.94)
Total	M	.88	.30	.11	.26
	(S.D.)	(1.00)	(.67)	(.38)	(.66)

* 0.Never; 1.Once; 2.Sometimes; 3.A lot of times; 4. Always

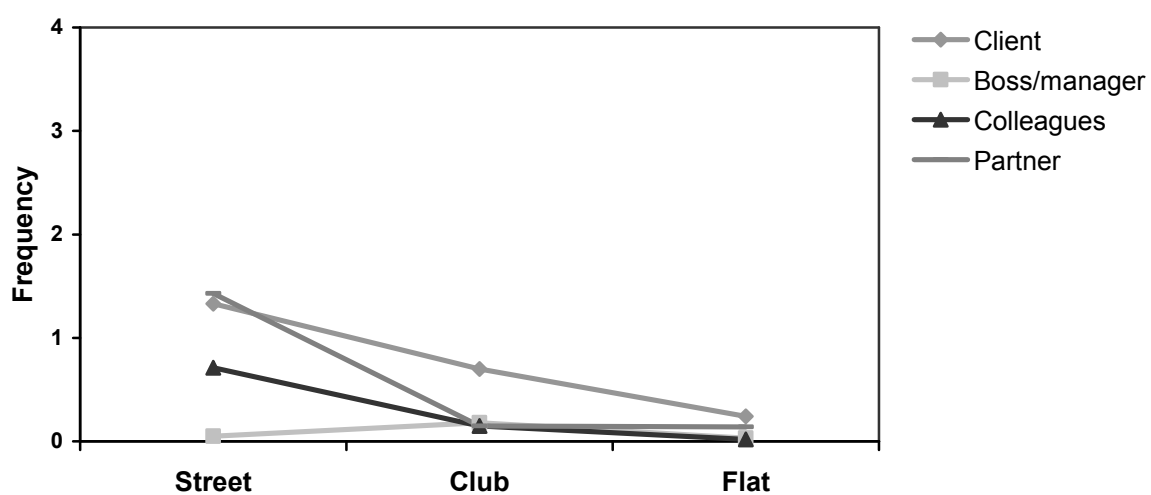


Figure 23. Physical maltreatment depending on type of prostitution

7.1.3.2. Sexual health

- First non-coital sexual relationship

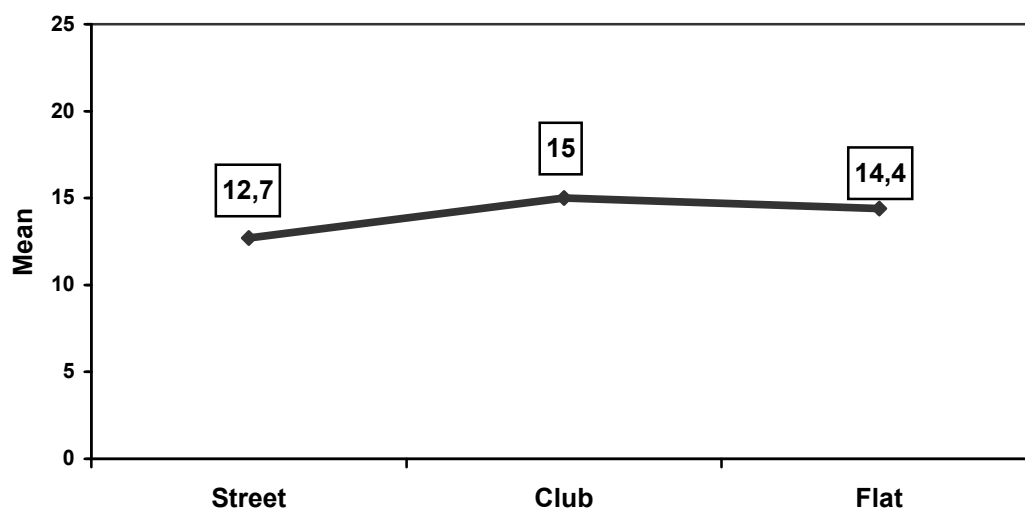


Figure 24. Mean age of the first non coital sexual relationship depending on type of prostitution

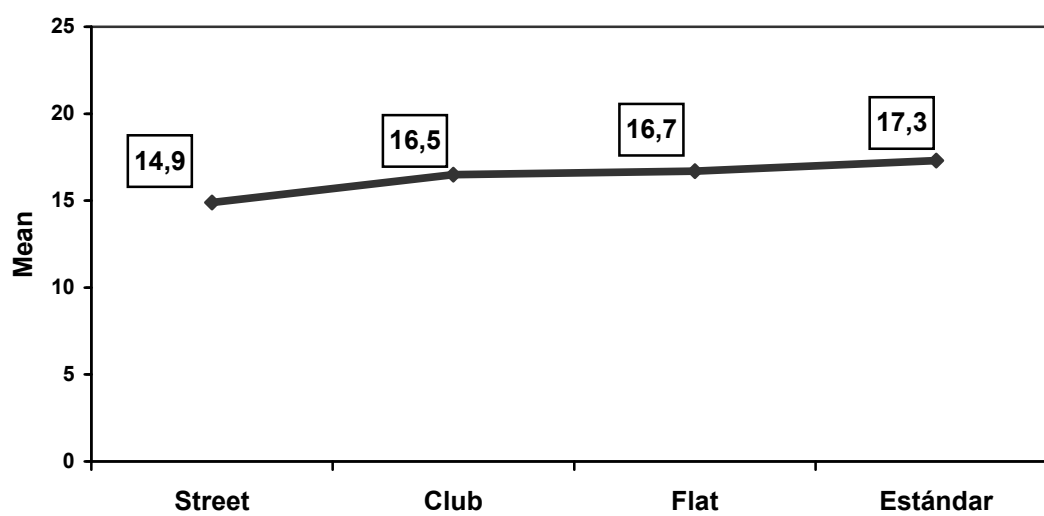


Figure 25. Mean age of the first coital sexual relationship depending on type of prostitution

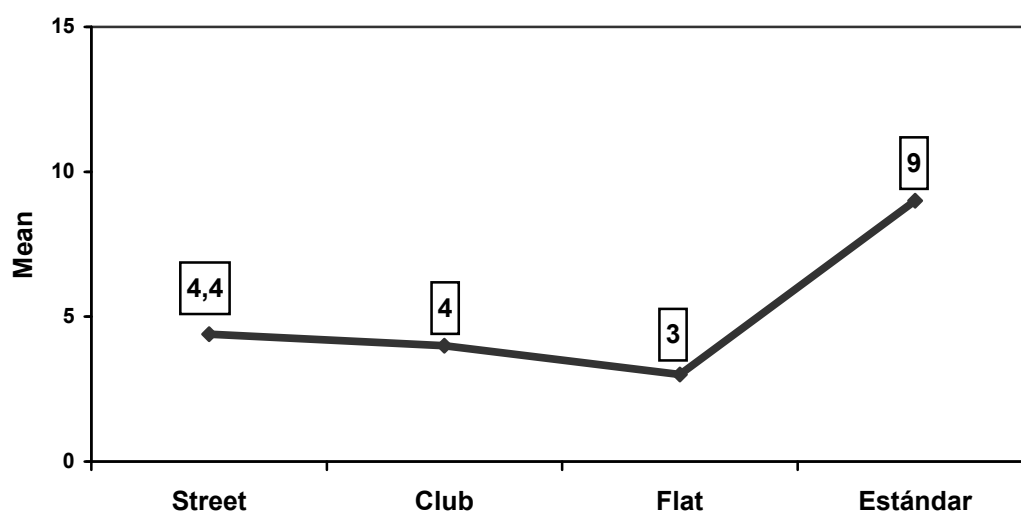


Figure 26. Mean of sexual partners depending on type of prostitution

- Contraceptive and barrier methods

We have found that 100% of the sample use condoms in their commercial sexual intercourse. Although positive fact is true for vaginal and anal sex it is not for oral sex; this kind of sexual practice is perceived as less risky so, condoms are not always used.

- Non desired pregnancies and abortions

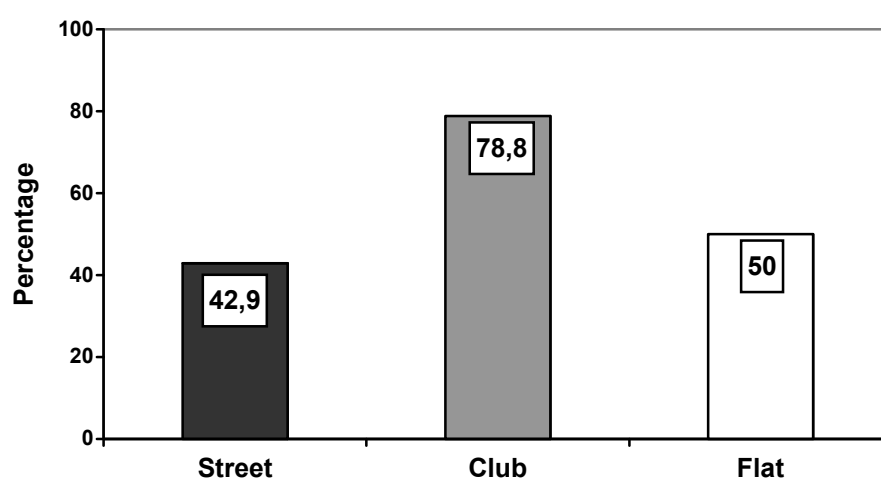


Figure 27. Pregnancies before prostitution depending on type of prostitution

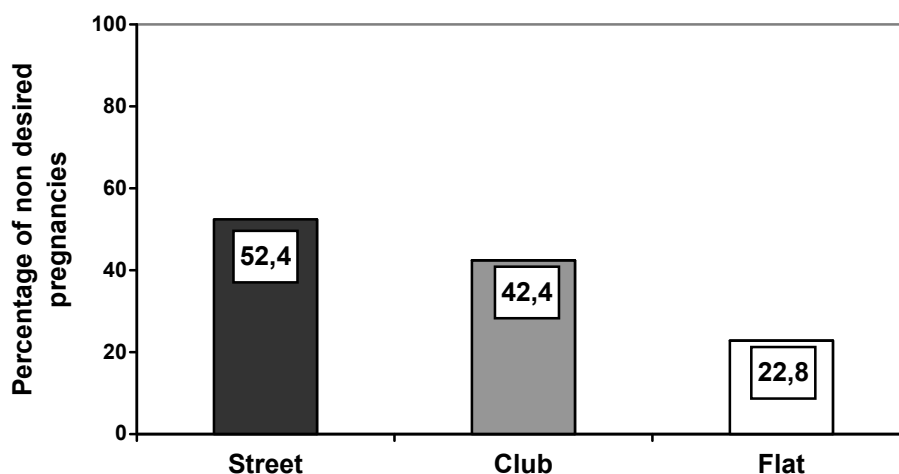


Figure 28. Non desired pregnancies depending on type of prostitution

Table 16. Induced abortions before and during prostitution depending on type of prostitution

		Type of prostitution			Total
		Street	Club	Flat	
	n	15	31	73	119
Induced abortions before working in prostitution	M	1.27	.35	.30	.44
	(S.D.)	(1.58)	(.61)	(.57)	(.83)
	Min.-Max.	0-5	0-2	0-2	
Induced abortions during working in prostitution	M	1.20	.26	.29	.39
	(S.D.)	(1.21)	(.51)	(.59)	(.68)
	Min.-Max.	0-4	0-2	0-2	
Total	M	1.23	.31	.30	.41
	(S.D.)	(1.40)	(.56)	(.58)	(.79)

- HIV/AIDS and sexually transmitted diseases

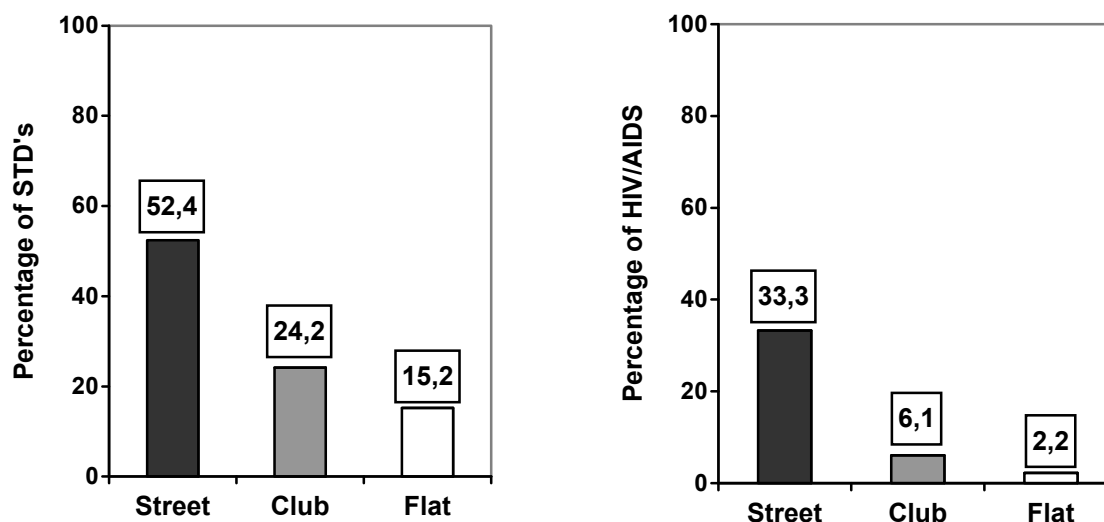


Figure 29. Sexually transmitted diseases (left) and HIV/AIDS (right) depending on type of prostitution

- Sexual assault during prostitution

Table 17. Sexual assault during prostitution depending on type of prostitution

Sexual assaults*		Type of prostitution			Total
		Street	Club	Flat	
Clients	N	21	33	92	146
	M	.76	.91	.30	.51
	(S.D.)	(1.09)	(1.31)	(.81)	1.01
	Min.-Max.	0-3	0-3	0-4	
Boss or managers	M	.10	.06	.00	.03
	(S.D.)	(.44)	(.35)	(.00)	(.23)
	Min.-Max.	0-2	0-2	0-0	
Colleagues	M	.05	.00	.00	.01
	(S.D.)	(.22)	(.00)	(.00)	(.08)
	Min.-Max.	0-1	0-0	0-0	
Partner	M	.62	.15	.12	.20
	(S.D.)	(1.24)	(.62)	(.63)	(.76)
	Min.-Max.	0-4	0-3	0-4	
Total	M	.69	.53	.21	.36
	(S.D.)	(1.17)	(.97)	(.72)	(.89)

* 0.Never; 1.Once; 2.Twice; 3.A lot of times; 4. Always

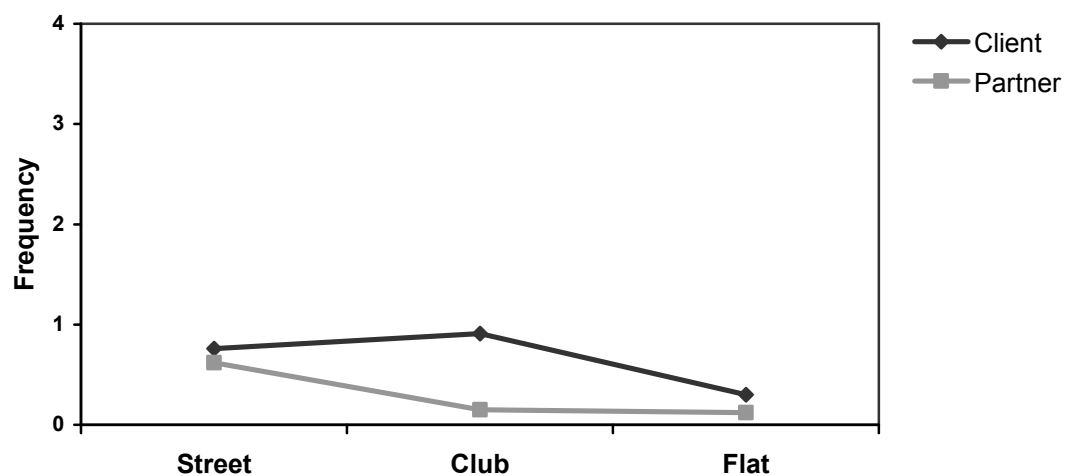


Figure 30. Mean of sexual assault frequency depending on type of prostitution

- Sexual pleasure with clients

70% of the sample state that they have felt sexual pleasure with clients one or more times.

7.1.3.3. Psychological health

- Mental health: depression, anxiety and self-esteem

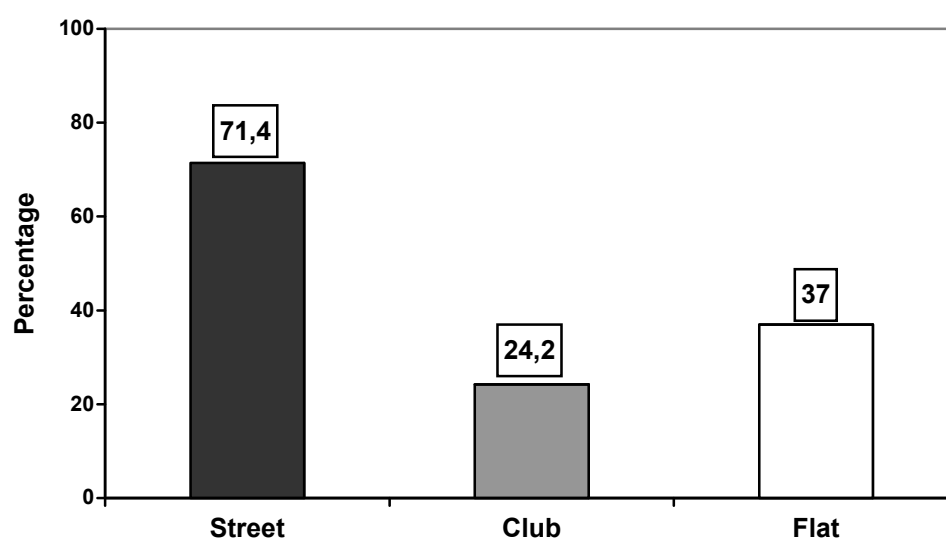


Figure 31. Depression and anxiety in the past depending on type of prostitution

Table 18. Current mental health status depending on type of prostitution

		Type of prostitution			
		Street	Club	Flat	Total
	N	21	33	92	146
Depresión	M	1.74	1.24	.97	1.14
	(S.D.)	(1.03)	(.79)	(.66)	(.79)
Anxiety	M	1.15	.59	.46	.59
	(S.D.)	(.69)	(.68)	(.62)	(.68)
Total	M	1.44	.92	.72	.87
	(S.D.)	(.86)	(.74)	(.64)	(.74)

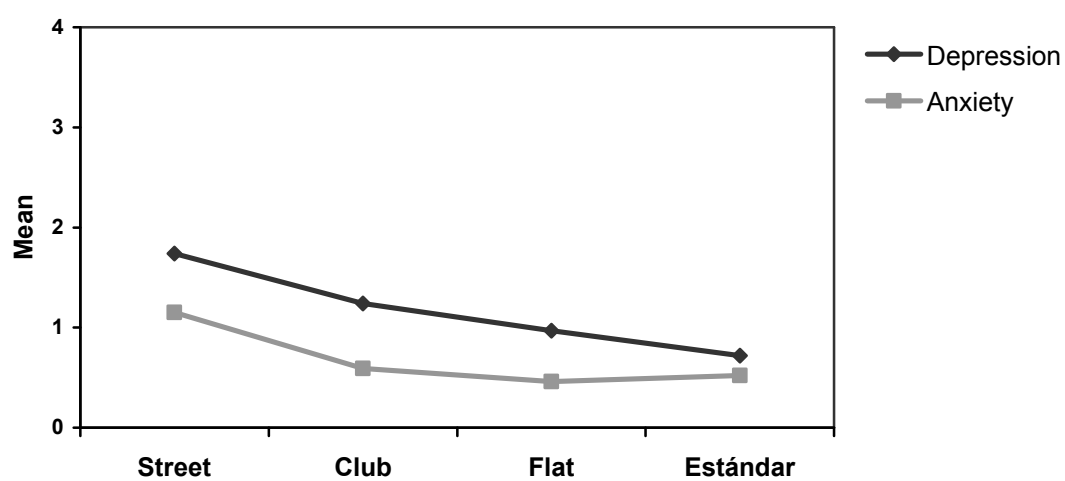


Figure 32. Current mental health depending on types of prostitution

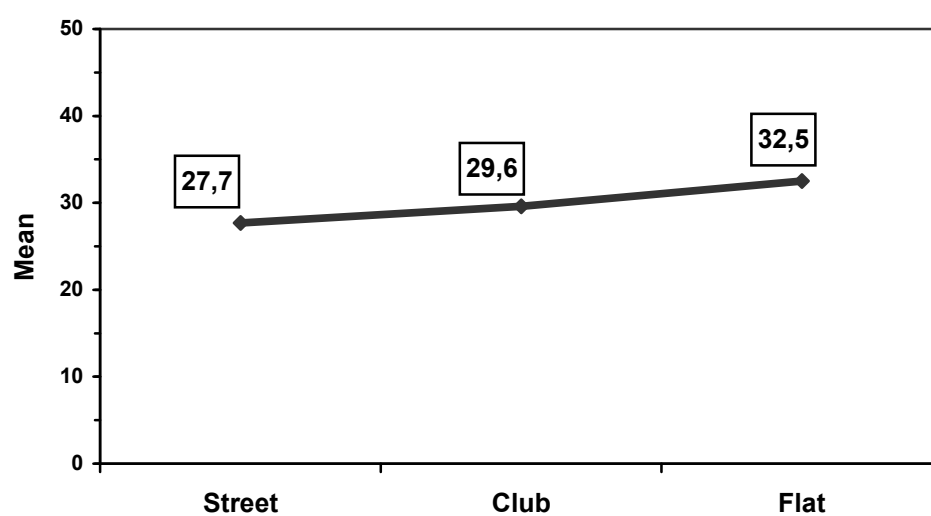


Figure 33. Self-esteem depending on type of prostitution

- Psychological maltreatment during prostitution

Table 19. Psychological maltreatment depending on type of prostitution

Psychological maltreatment*		Type of prostitution			Total
		Street	Club	Flat	
	n	21	33	92	146
Client	M	1.19	.88	.43	.64
	(S.D.)	(1.03)	(.43)	(.76)	(.92)
	Min.-Max.	0-3	0-3	0-3	
Boss or manager	M	.10	.61	.17	.26
	(S.D.)	(.61)	(.17)	(.67)	(.80)
	Min.-Max.	0-1	0-4	0-4	
Colleagues	M	.14	.52	.10	.20
	(S.D.)	(.36)	(.90)	(.30)	(.53)
	Min.-Max.	0-1	0-3	0-1	
Partner	M	1.57	.24	.21	.41
	(S.D.)	(1.75)	(.71)	(.78)	(1.07)
	Min.-Max.	0-4	0-3	0-4	
Total	M	.75	.56	.23	.38
	(S.D.)	(.86)	(.97)	(.63)	(.83)

* 0. Never; 1. Once; 2. Sometimes; 3. A lot of times; 4. Always

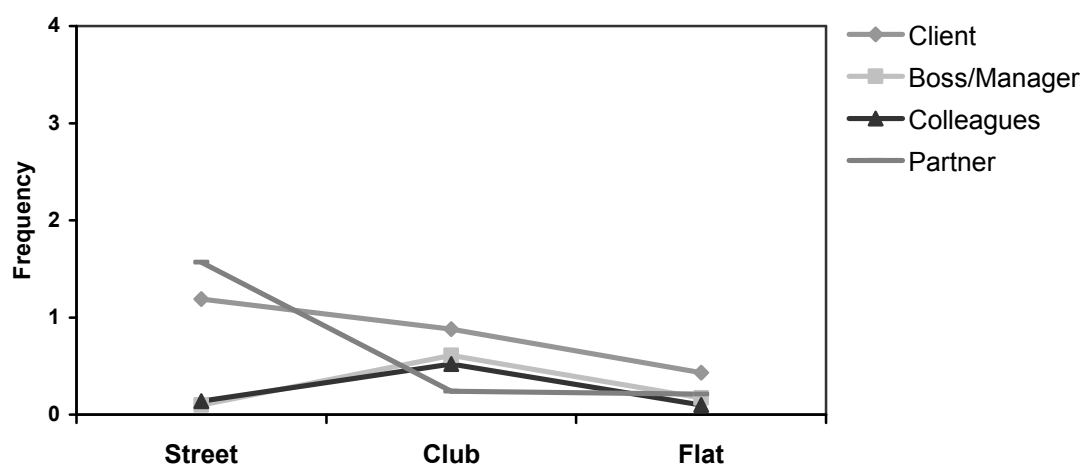


Figure 33. Psychological maltreatment depending on type of prostitution

7.2. Basic interpersonal needs (emotional, social and sexual) of people who work in prostitution

Table 20. Loneliness feeling depending on type on prostitution

		Type of prostitution				Estándar
		Street	Club	Flat	Total	
	N	21	33	92	146	116
Family emotional loneliness	M	19.00	14.55	13.95	14.81	11.6
	(S.D.)	(10.71)	(7.43)	(7.29)	(8.03)	(7.6)
	T Test	($t_{(20)}=3.17, p=.005$)	($t_{(32)}=2.28, p=.03$)	($t_{(91)}=3.09, p=.03$)		
Romantic emotional loneliness	M	23.95	21.02	21.01	22.10	14.8
	(S.D.)	(9.90)	(8.09)	(10.39)	(9.89)	(9.6)
	T Test	($t_{(20)}=4.23, p=.000$)	($t_{(32)}=6.49, p=.000$)	($t_{(91)}=5.73, p=.000$)		
Social loneliness	M	20.95	16.82	16.21	17.03	11.7
	(S.D.)	(11.06)	(7.72)	(8.10)	(8.59)	(5.6)
	T Test	($t_{(20)}=3.83, p=.001$)	($t_{(32)}=3.81, p=.001$)	($t_{(91)}=5.35, p=.000$)		
Total	M	21.30	18.43	17.06	17.98	
	(S.D.)	(10.56)	(7.75)	(8.59)	(8.84)	

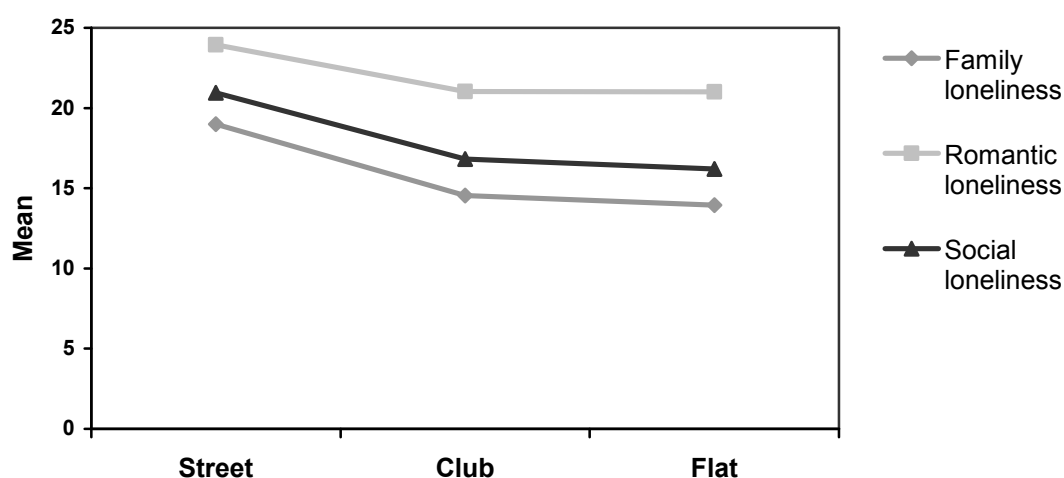


Figure 34. Loneliness feelings depending on types of prostitution

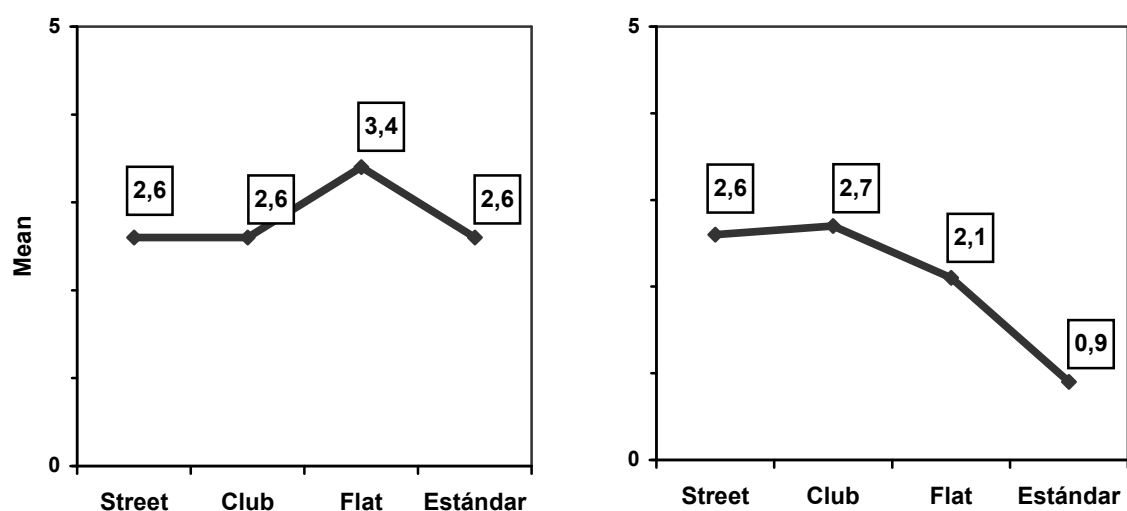


Figure 35. Sexual needs (sexual satisfaction (left) and sexual depression (right)) depending on type of prostitution

7.3. Quality of life of people who work in prostitution

Table 21. Quality of life depending on type of prostitution

		Type of prostituion			
		Street	Club	Flan	Total
n		21	33	92	146
M		3.10	3.57	3.97	3.75
(S.D.)		(.93)	(.66)	(.55)	(.71)
T Test		21.67	25.00	27.76	18.52
		($t_{(20)}=2.21, p=.04$)	($t_{(32)}=8, p=.000$)	($t_{(91)}=22.95, p=.000$)	
M		2.67	3.39	3.66	3.46
(S.D.)		(1.05)	(.91)	(.65)	(.85)
T Test		16.00	20.33	21.97	17.05
		($t_{(20)}=-.76, p=.46$)	($t_{(32)}=3.45, p=.002$)	($t_{(91)}=12, p=.000$)	
M		2.83	3.02	3.47	3.27
(S.D.)		(1.26)	(.93)	(.92)	(1.00)
T Test		8.47	9.06	10.40	16.95
		($t_{(20)}=-10.25, p=.000$)	($t_{(32)}=-16.28, p=.000$)	($t_{(91)}=-22.77, p=.000$)	
M		3.01	3.22	3.44	3.33
(S.D.)		(.76)	(.68)	(.59)	(.66)
T Test		24.10	25.79	27.54	15.20
		($t_{(20)}=6.72, p=.000$)	($t_{(32)}=11.12, p=.000$)	($t_{(91)}=24.89, p=.000$)	
M		2.90	3.30	3.63	3.45
(S.D.)		(1.00)	(.80)	(.70)	(.81)

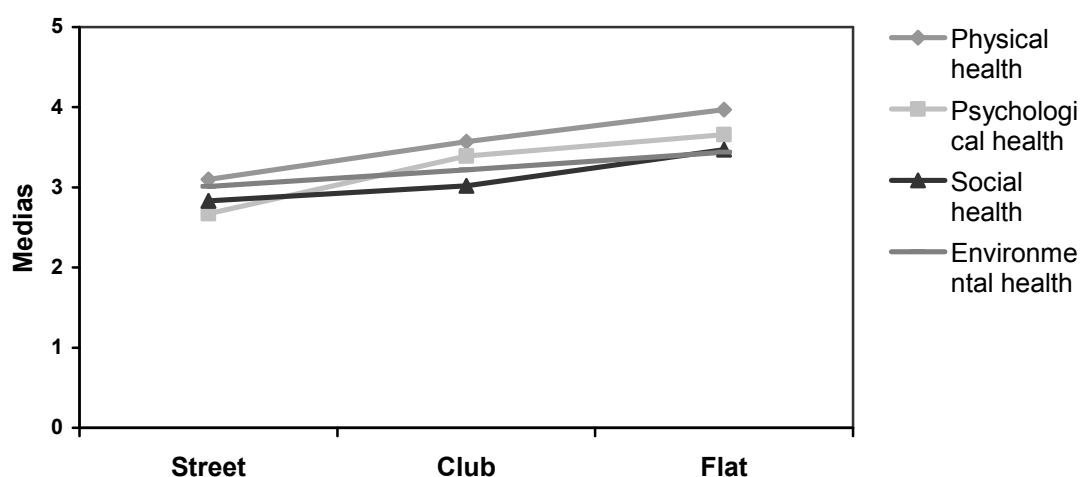


Figure 36. Quality of life dimensions depending on type of prostitution

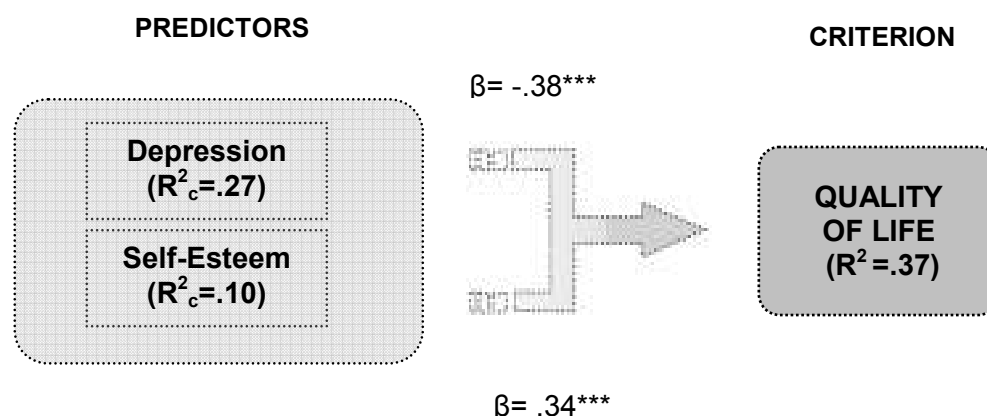
7.4. Quality of life predictors of people who work in prostitution

7.4.1. Health factors relating to prostitution conditions as predictors of quality of life

Table 22. Correlations between variables of health relating to prostitution and quality of life in interviewed people

	Quality of life	Drug use	HIV/ AIDS	Physical maltreatment	Psicol. maltreatment	Sexual assault	Depression	Anxiety	Self-Esteem
Quality of life	1								
Drug use	-.34***	1							
HIV / AIDS	-.33***	.27***	1						
Physical maltreat.	-.24**	.43***	.24**	1					
Psycholog. Maltreat.	-.25**	.26**	.08	.63***	1				
Sexual assault	-.36***	.28***	.15	.55***	.36***	1			
Depression	-.53***	.35***	.25**	.44***	.42***	.35***	1		
Anxiety	-.41***	.35***	.25**	.37**	.36***	.25**	.77***	1	
Self-Esteem	.50***	-.30***	-.28***	-.25**	-.23**	-.23**	-.42***	-.41***	1

p< .01; *p< .001; N = 142



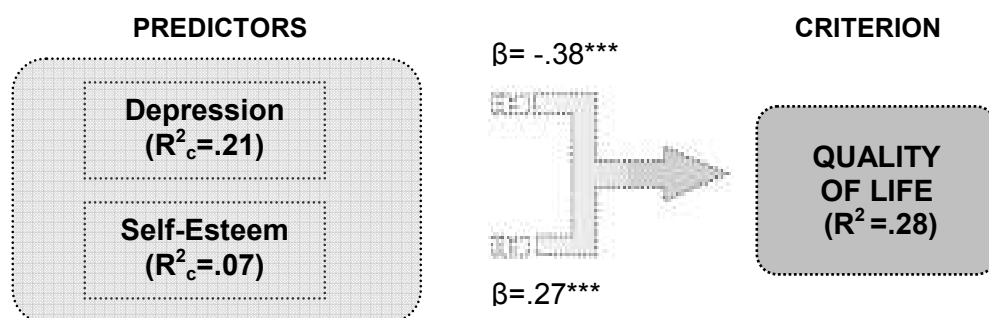
p< .01; *p< .001;

Figure 37. Lineal regression model for quality of life considering health variables relating to prostitution in the sample of people who practise prostitution

Table 23. Correlations between variables of health related to prostitution and quality of life in people who work in indoor prostitution

	Quality of life	Drug use	HIV/ AIDS	Physical maltreatment	Psicol. maltreatment	Sexual assault	Depression	Anxiety	Self- Esteem
Quality of life	1								
Drug use	-.18	1							
HIV / AIDS	.08	-.08	1						
Physical maltreat.	-.10	.22	.18	1					
Psycholog. Maltreat.	-.21	.10	-.02	.53***	1				
Sexual assault	-.31***	-.23**	-.04	.52***	.29***	1			
Depression	-.46***	.13	-.10	.22	.31***	.27**	1		
Anxiety	-.30***	.11	-.04	.21	.29***	.13	.74***	1	
Self- Esteem	.37***	-.10	.00	-.06	-.11	-.09	-.26**	-.27**	1

p< .01; *p< .001; N por lista = 121



p< .01; *p< .001;

Figure 38. Linear regression model for quality of life considering health variables related to prostitution in the sample of people who practise indoor prostitution

7.4.2. Health and prostitution factors as predictors of quality of life domains (Physical, psychological, social and environmental health)

Table 24. Correlations between variables of health related to prostitution and quality of life dimensions in interviewed people

	Physical health	Psychological health	Social health	Environmental health
Drug use	-.38***	-.34***	-.19	-.20
HIV / AIDS	-.44***	-.29***	-.19	-.18
Physical maltreatment	-.36***	-.23	-.19	-.05
Psychological maltreatment	-.37***	-.18	-.27***	-.05
Sexual assault	-.31***	-.38***	-.24**	-.27***
Depression	-.58***	-.58***	-.34***	-.26**
Anxiety	-.49***	-.47***	-.27***	-.14
Self-Esteem	.44***	.47***	.46***	.36***

p< .01; *p< .001; N = 142

Table 25. Correlations between variables of health related to prostitution and quality of life dimensions in indoor prostitution

	Physical health	Psychological health	Social health	Environmental health
Drug use	-.19	-.17	-.06	-.16
HIV / AIDS	-.09	.13	.16	.10
Physical maltreatment	-.22	-.03	-.12	.02
Psychological maltreatment	-.36***	-.10	-.26**	-.03
Sexual assault	-.28**	-.32***	-.16	-.24**
Depression	-.48***	-.51***	-.25**	-.23**
Anxiety	-.38***	-.37***	-.18	-.07
Self-Esteem	.26**	.33***	.35***	.30***

p< .01; *p< .001; N = 121

- Physical health predictors in the sample

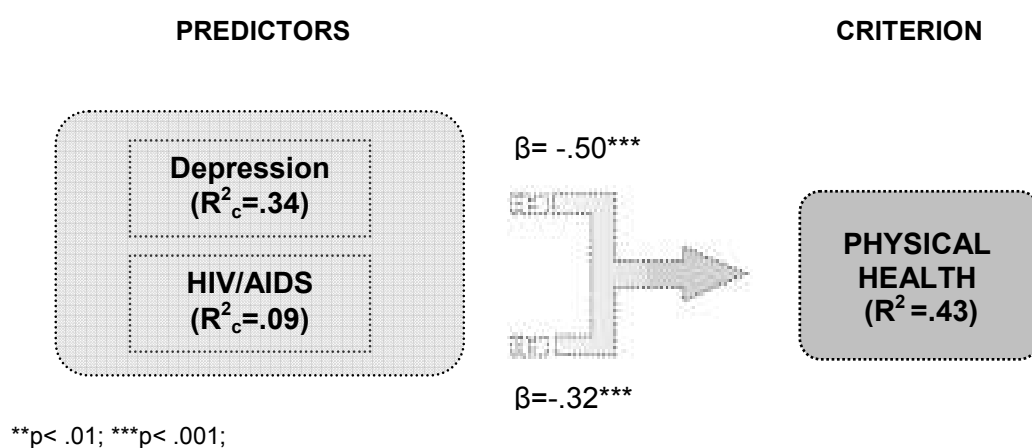


Figure 39. Lineal regression model for physical health considering health variables related to prostitution in the sample of people who practise prostitution

- Physical health predictors in indoor prostitution

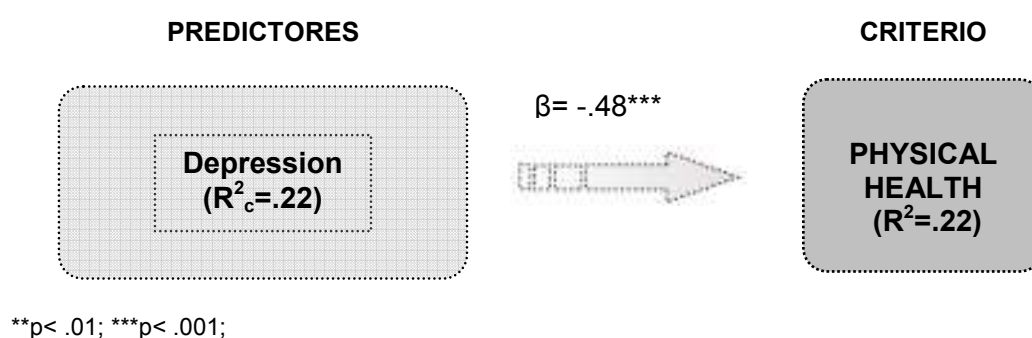
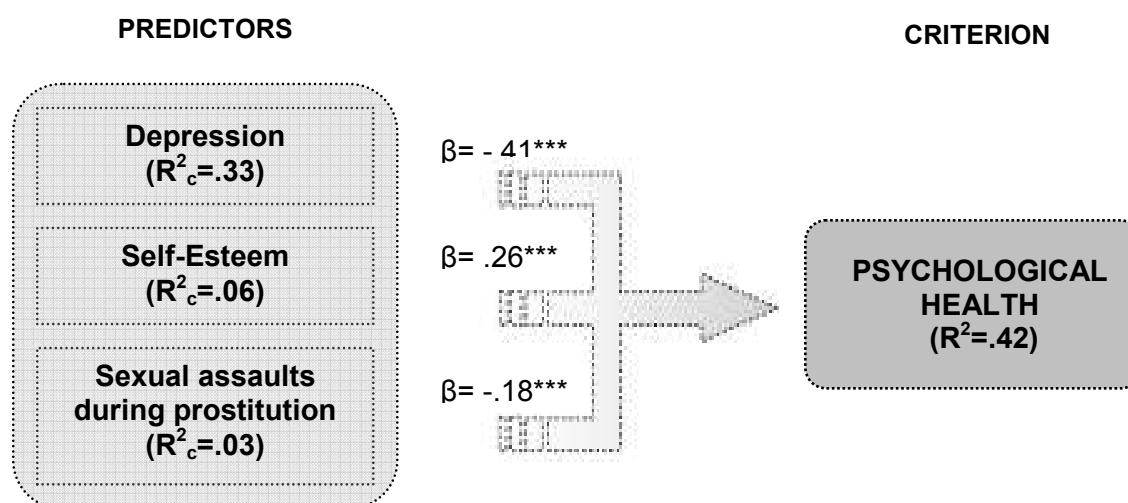


Figure 40. Lineal regression model for physical health considering health variables related to prostitution in the sample of people who practise indoor prostitution

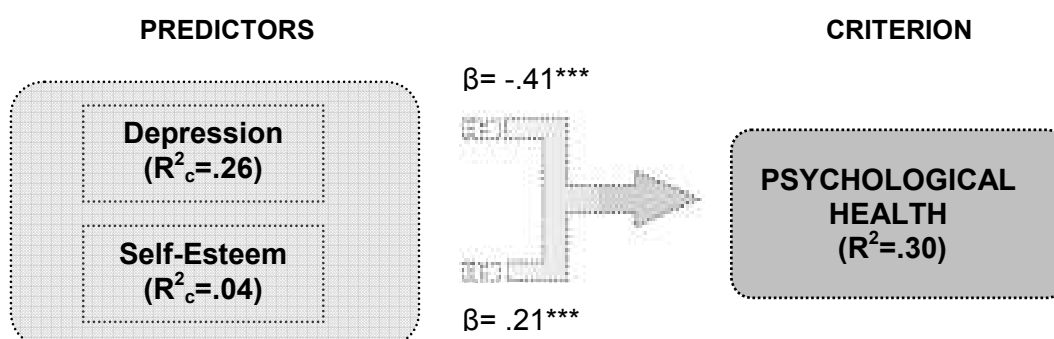
- Psychological health predictors in the sample



$**p < .01$; $***p < .001$;

Figure 41. Lineal regression model for psychological health considering health variables related to prostitution in the sample of people who practise prostitution

- Psychological health predictors in indoor prostitution



$**p < .01$; $***p < .001$;

Figure 42. Lineal regression model for psychological health considering health variables related to prostitution in the sample of people who practise indoor prostitution

- Social health predictor in the sample

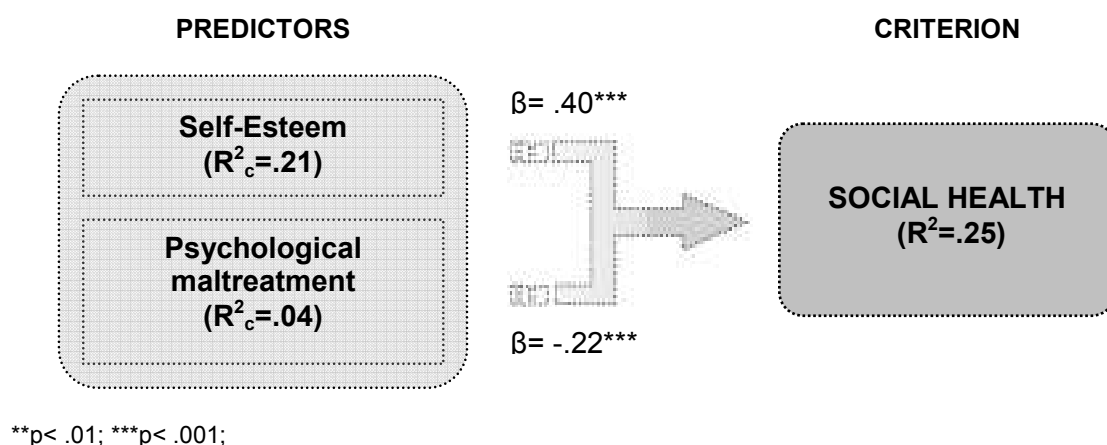


Figure 43. Lineal regression model for social health considering health variables related to prostitution in the sample of people who practise prostitution

- Social health predictors in indoor prostitution

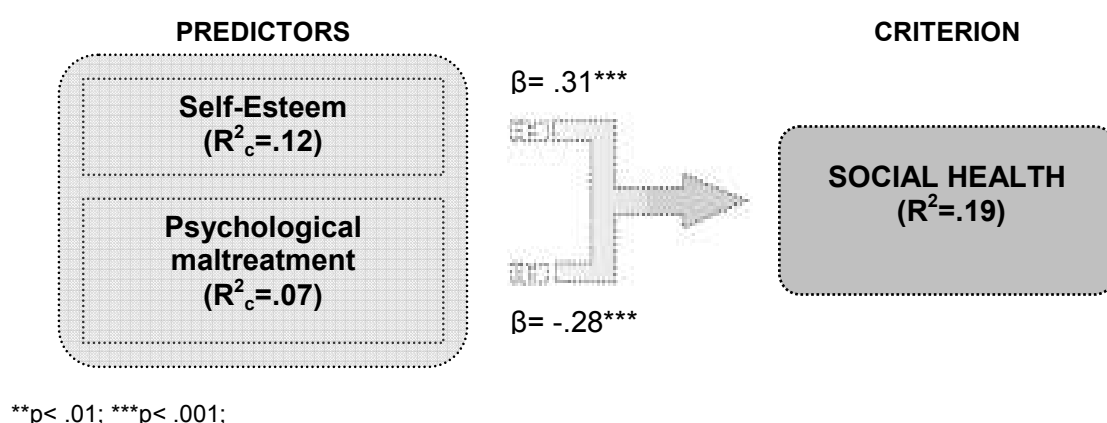


Figure 44. Lineal regression model for social health considering health variables related to prostitution in the sample of people who practise indoor prostitution

- Environmental health predictors in the sample

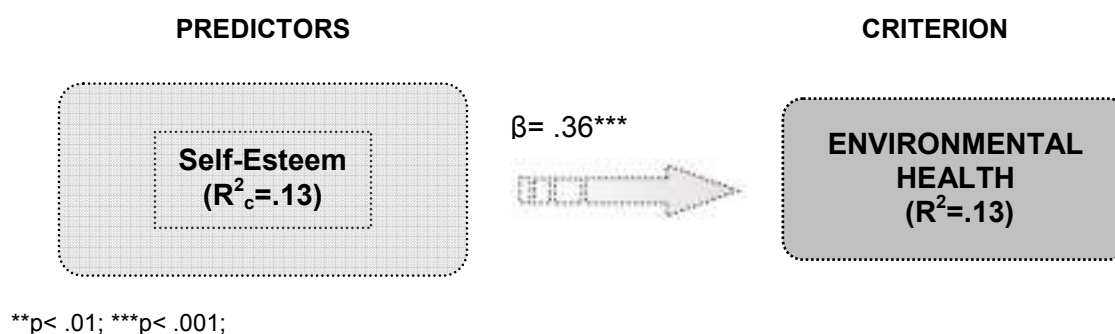
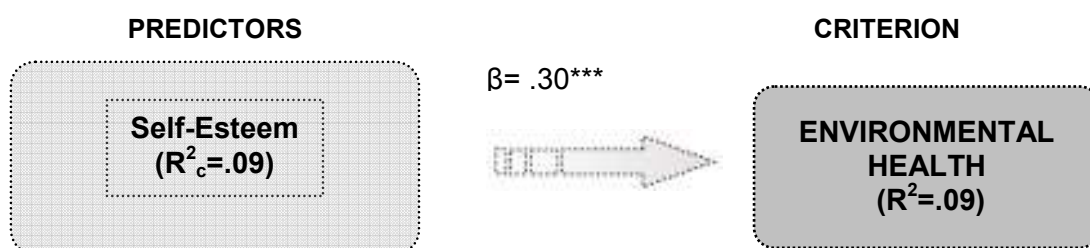


Figure 45. Lineal regression model for environmental health considering health variables related to prostitution in the sample of people who practise prostitution

- Environmental health predictors in indoor prostitution



p< .01; *p< .001;

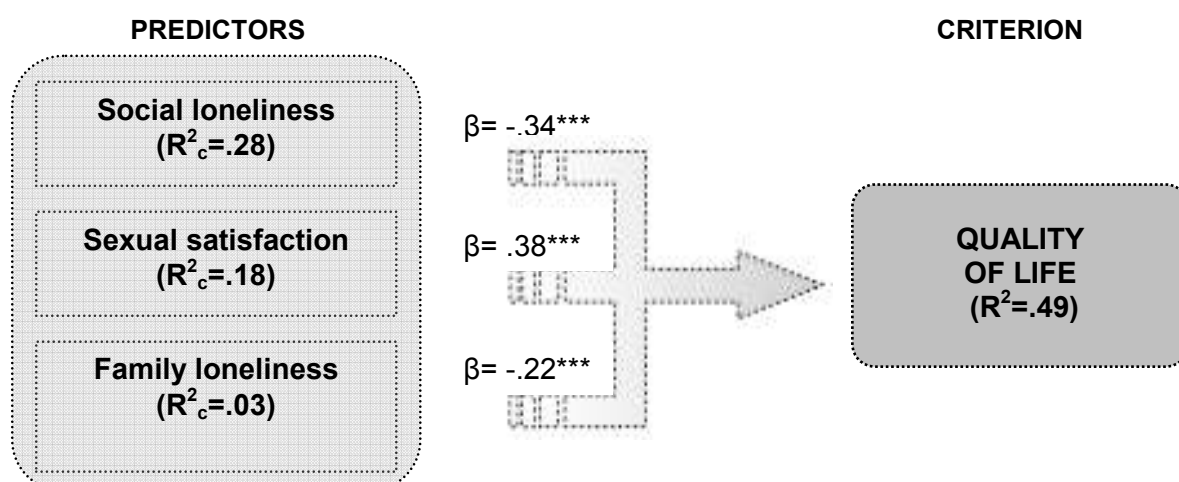
Figure 46. Lineal regression model for environmental health considering health variables related to prostitution in the sample of people who practise indoor prostitution

7.4.3. Basic interpersonal needs as predictors of quality of life

Table 26. Correlations between basic interpersonal needs variables and quality of life in the sample

	Quality of life	Family loneliness	Partner loneliness	Social loneliness	Sexual satisfaction	Sexual depression
Quality of life	1					
Family loneliness	-.52***	1				
Partner loneliness	-.28***	.28***	1			
Social loneliness	-.54***	.50***	.07	1		
Sexual satisfaction	.54***	-.35***	-.32***	-.23***	1	
Sexual depression	-.46***	.31***	.25***	.17	-.87***	1

p< .01; *p< .001; N = 146



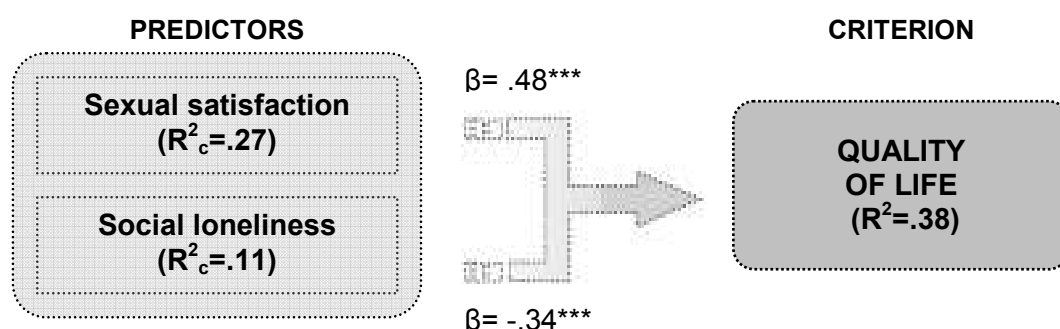
p< .01; *p< .001;

Figure 47. Lineal regression model for quality of life considering basic interpersonal needs variables in the sample of people who practise prostitution

Table 27. Correlations between basic interpersonal needs and quality of life in people who work in indoor prostitution

	Quality of life	Family loneliness	Partner loneliness	Social loneliness	Sexual satisfaction	Sexual depression
Quality of life	1					
Family loneliness	-.36***	1				
Partner loneliness	-.16	.18	1			
Social loneliness	-.41***	.41***	-.06	1		
Sexual satisfaction	.53***	-.31***	-.34***	-.16	1	
Sexual depression	-.40***	.23***	.22	.05	-.86***	1

p< .01; *p< .001; N = 125



p< .01; *p< .001;

Figure 48. Lineal regression model for quality of life considering basic interpersonal needs variables in the sample of people who practise indoor prostitution

7.4.4. Basic interpersonal needs as predictors of quality of life domains (Physical, psychological, social and environmental health)

Table 28. Correlations between basic interpersonal needs and quality of life domains in the sample

	Physical health	Psychological health	Social health	Environmental health
Family loneliness	-.40***	-.58***	-.43***	-.37***
Partner loneliness	-.19	-.28***	-.27***	-.21
Social loneliness	-.42***	-.48***	-.61***	-.40***
Sexual satisfaction	.46***	.45***	.62***	.37***
Sexual depression	-.43***	-.38***	-.50***	-.32***

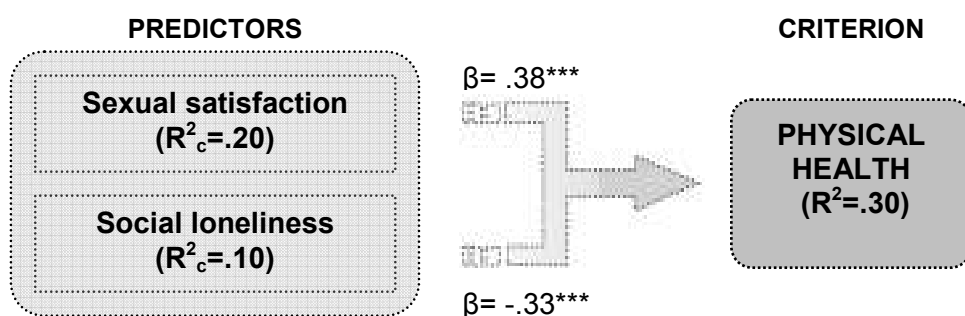
p< .01; *p< .001; N = 146

Table 29. Correlations between basic interpersonal needs and quality of life domains of people who work in indoor prostitution

	Physical health	Psychological health	Social health	Environmental health
Family loneliness	-.23***	-.45***	-.28***	-.23***
Partner loneliness	-.06	-.17	-.20	-.12
Social loneliness	-.23**	-.35***	-.50***	-.33***
Sexual satisfaction	.42***	.43***	.62***	.35***
Sexual depression	-.35***	-.31***	-.45***	-.27***

p< .01; *p< .001; N = 125

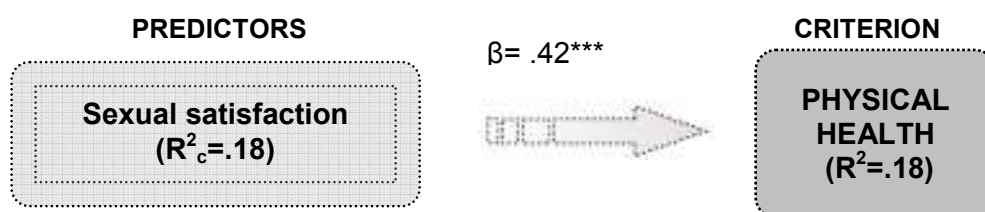
- Physical health predictors in the sample



p< .01; *p< .001;

Figure 49. Lineal regression model for physical health considering basic interpersonal needs variables in the sample of people who practise prostitution

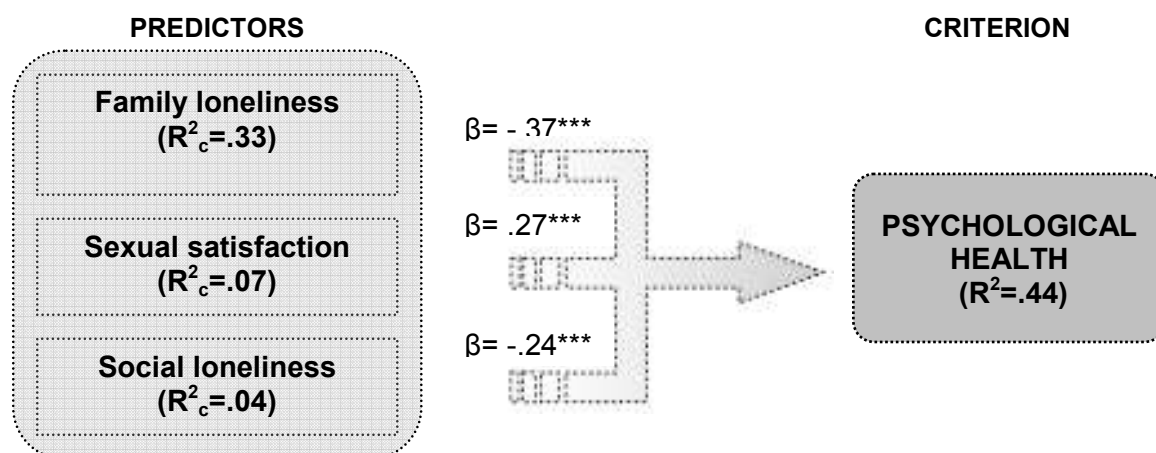
- Physical health predictors in indoor prostitution



p< .01; *p< .001;

Figure 50. Lineal regression model for physical health considering basic interpersonal needs variables in the sample of people who practise indoor prostitution

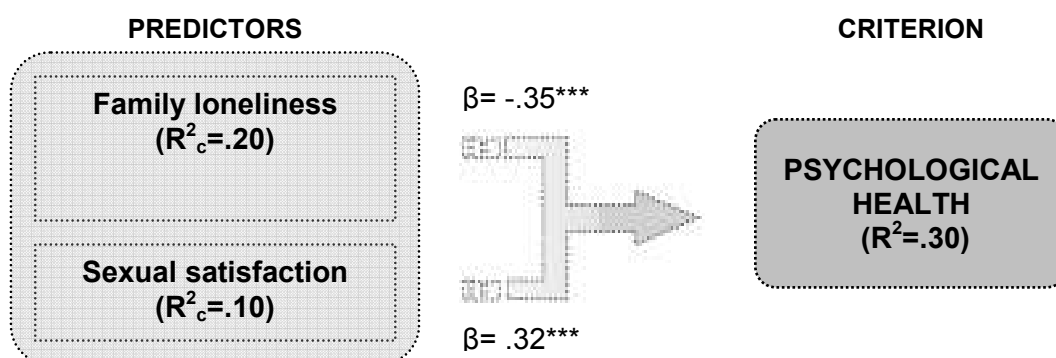
- Psychological health predictors in the sample



** $p < .01$; *** $p < .001$;

Figure 51. Lineal regression model for psychological health considering basic interpersonal needs variables in the sample of people who practise prostitution

- Psychological health predictors in indoor prostitution



** $p < .01$; *** $p < .001$;

Figure 52. Lineal regression model for psychological health considering basic interpersonal needs variables in the sample of people who practise indoor prostitution

- Social health predictors in the sample

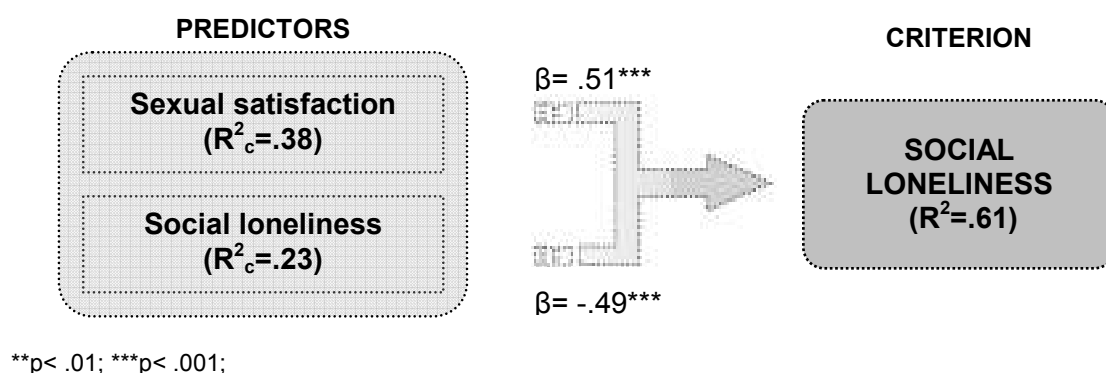


Figure 53. Lineal regression model for social health considering basic interpersonal needs variables in the sample of people who practise prostitution

- Social health predictors in indoor prostitution

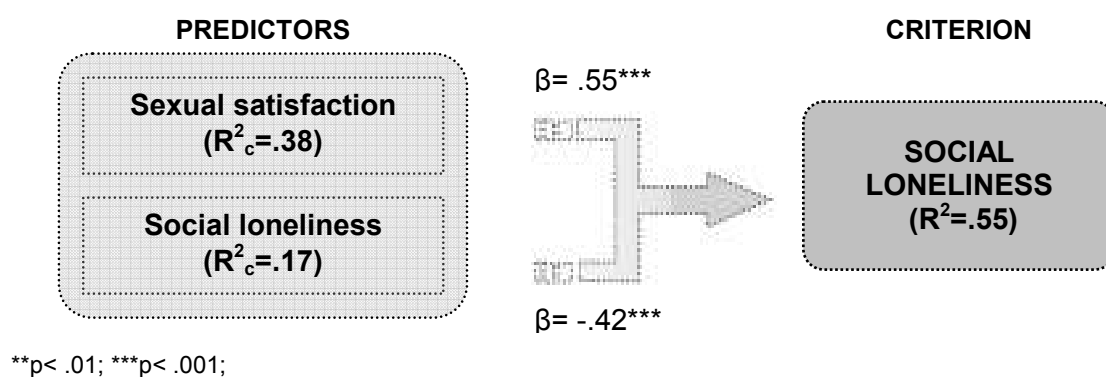


Figure 54. Lineal regression model for social health considering basic interpersonal needs variables in the sample of people who practise indoor prostitution

- Environmental health predictors in the sample

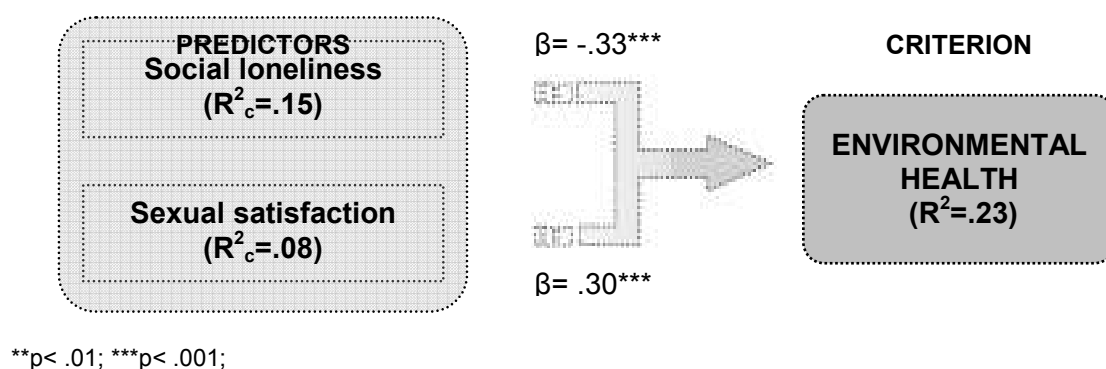
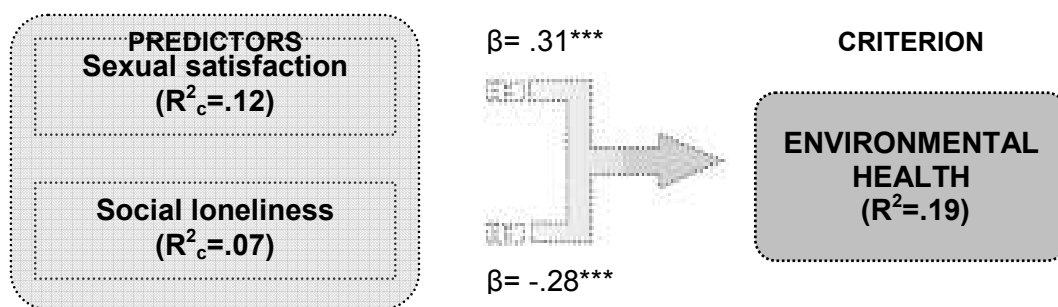


Figure 55. Lineal regression model for environmental health considering basic interpersonal needs variables in the sample of people who practise prostitution

- Environmental health predictors in indoor prostitution



** $p < .01$; *** $p < .001$;

Figure 56. Lineal regression model for environmental health considering basic interpersonal needs variables in the sample of people who practise indoor prostitution

Table 30. Abstract of the explicative variables of quality of life and its dimensions for the sample of people who practise prostitution

	Health predictors	% Variance	Needs predictors	% Variance
QUALITY OF LIFE	Depression	37%	Social loneliness	49%
	Self-Esteem		Sexual satisfaction	
			Family loneliness	
PHYSICAL HEALTH	Depression	43%	Sexual satisfaction	30%
	HIV/AIDS		Social loneliness	
PSYCHOLOGICAL HEALTH	Depression	42%	Family loneliness	44%
	Self-Esteem		Sexual satisfaction	
	Sexual rape		Social loneliness	
SOCIAL HEALTH	Self-Esteem	25%	Sexual satisfaction	61%
	Psic. Maltreatment		Social loneliness	
ENVIRONMENTAL HEALTH	Self-esteem	13%	Social loneliness	23%
			Sexual satisfaction	

Table 31. Resume of the explicative variables of the quality of life and its dimensions in people who practise indoor prostitution

	Health predictors	% Variance	Needs predictors	% Variance
QUALITY OF LIFE	Depression	28%	Social loneliness	38%
	Self-Esteem		Sexual satisfaction	
PHYSICAL HEALTH	Depression	22%	Sexual satisfaction	18%
PSYCHOLOGICAL HEALTH	Depression	30%	Family loneliness	30%
	Self-Esteem		Sexual satisfaction	
SOCIAL HEALTH	Self-Esteem	19%	Sexual satisfaction	55%
	Psic. maltreatment		Social loneliness	
ENVIRONMENTAL HEALTH	Self-Esteem	9%	Sexual satisfaction	19%
			Social loneliness	

CHAPTER VIII. DISCUSSION

8.1. Profiles of people who work in prostitution

8.1.1. Outdoor prostitution

8.1.2. Indoor prostitution

8.2. Basic interpersonal needs of people who work in prostitution

8.3. Quality of life of people who work in prostitution

8.4. Quality of life predictors of people who work in prostitution

8.4.1. Health and conditions in prostitution as predictors of quality of life

8.4.2. Basic interpersonal needs as predictors of quality of life

8.5. Implications for practice

8.5.1. Intervention proposals

8.5.2. Research proposals

8.6. Research limitations

CHAPTER IX. CONCLUSIONS

⦿ **Most of people working in prostitution in Castilla y León are single with poor social and family contact who work a long time in prostitution and live and work in the same place.** For that reason they are a group of people with high levels of loneliness and with few chances to establish lasting and stable social and emotional bonds.

⦿ **People who practise prostitution are worried about their health and they do have medical checkups frequently. Although they do not suffer frequent violent episodes while they are working in prostitution** some have reported assaults; most likely assaulted by their clients. They do use condoms in their commercial intercourse but they don't usually do that with their partners. As regards their mental health they present a high level of depression symptoms but a low level of anxiety, and a good level of self-esteem.

⦿ **It appears that people who practise prostitution are not forced to do it by third persons, but they are forced by their lack of economic resources and other labour choices.** For that reason, the main motive to start practising prostitution is the serious lack of economic resources. This situation can lead to accept abusive labour conditions, for that reason this collective thinks that one of their main needs is legalization of prostitution.

⦿ **People who practise prostitution have serious difficult to satisfy their basic interpersonal needs,** they have special difficulty to satisfy their need to share and show intimate thoughts and feelings and to get support and encouragement from their partners.

They present high levels of sexual depression too, that is to say, they feel sadness and unhappiness when they remember episodes and aspects of their sexual life. We have also found high levels of social isolation and emotional separation from their families caused by the isolation in which they are living and the social exclusion associated with prostitution. They show adequate levels of sexual satisfaction, in fact, they show better sexual satisfaction than the general population.

❖ **People who practise prostitution present a good level of physical, psychological and environmental health, but they present a low level of social health.** The social domain presents the biggest problems faced by prostitutes; they feel a lack of social support and have difficult interpersonal relationships. The social stigma of being immigrants, drug-users and/or transsexuals/transvestites as well as the conditions that they are working under present aggravating factors to a higher level of isolation and social exclusion.

❖ **Basic interpersonal needs explain better the quality of life than health factors related to prostitution.** The dimensions of emotional well-being (depression and self-esteem) and interpersonal relationships (social loneliness and sexual satisfaction) are the best factors to explain the quality of life of people who practise prostitution. We have found that the quality of life for street prostitutes specifically is subject to factors relating to their interpersonal relationships and their emotional detachment from their families.

❖ **People who practise prostitution are surrounded by a multitude of stereotypes that are the reason for the stigmatisation, marginalisation and social exclusion associated with prostitution.**

But our data has refuted many of these stereotypes:

- They are not illiterate people.
- They are not victims of abuses and frauds.
- They are not undefended victims of sexual exploitation by mafias. They can be seen as victims of a machist society, the poverty, etc.
- They are not a focus of sexual diseases.
- They are not unconcerned about their health status.
- They are not victims of frequent violent episodes while they are working in prostitution.
- They are neither promiscuous nor frigid or unable to feel sexual pleasure.

⚙ **The interventions directed to people who practice prostitution should aim to change their working conditions, to palliate their feeling of loneliness and to improve their social health.**

⚙ **We have detected two different profiles in the phenomenon of prostitution in Castilla y León depending on the place where the activity is done: outdoor prostitution (street) and indoor prostitution (clubs and flats).** Every type of prostitution presents distinct characteristics that have to be treated with consideration when we want to intervene with this group of people.

⚙ **People who practise outdoor prostitution (street) present the worst health status and the worst work conditions in prostitution.** Many stereotypes related to prostitution in general arise from this type of prostitution.

They have low academic level and practise prostitution to pay their drug addiction. Because they are drug users, they have serious problems in all dimensions of their life; for example, they present a significant disorganization in their family and social lives that provoke further social exclusion. They work under the worst conditions in prostitution; on the streets, without hygienic conditions and for low payments. They suffer more health problems like undesired pregnancies, abortion, sexually transmitted diseases, HIV/AIDS, etc.

⦿ **While HIV/AIDS and sexual aggressions are explicative factors for physical and psychological health in outdoor prostitution it is not for indoor prostitution.**

Outdoor prostitution shows the highest rates of HIV/AIDS and this factor explains the state of physical health of this group. Outdoor prostitution presents the most insecure working conditions in prostitution; they are subjected to more violence and sexual aggression than indoor-prostitutes and this fact explains the lower state of their psychological health.

⦿ **Social loneliness is a explicative factor for physical, psychological and environmental health in outdoor prostitution.** Although all people who practice prostitution feel high levels of social loneliness, these feelings influence the explanation of physical, psychological and environmental health in outdoor prostitution better than in indoor prostitution.

⦿ **People who practise prostitution indoors (clubs and flats) are the largest group now, and they present different characteristics from outdoor prostitution; these characteristics are related to the fact that they are immigrants from developing countries.** Although this group presents good academic level it has a poor employment background because of the status of women or transsexuals/travesties in poor countries. They work under better conditions than outdoor prostitutes (working in secure places with protection, more hygienic conditions, etc). However, indoor-prostitution has negative aspects too (e.g. long work hours, mobility, etc.) Being immigrants many leave their families and social networks in their countries which can then only be contact by phone or internet. For that reason they are not able to satisfy their needs for social and family contact.

Their health status is good; they do not use drugs and use condoms with their clients. However, we have found that they do not use consistently condoms with their partners resulting in undesired pregnancies and economic problems as they frequently have to support their children alone. Regarding to their mental health; they show a high level of symptoms of depression that can be associated with the loneliness felt as immigrants or due to their work conditions.

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