

Were All Compulsorily Committed Women Prostitutes? Closed Venereology Wards in East Germany (1945-1990)

Maximilian Schochow, Florian Steger*

Institute of the History, Philosophy and Ethics of Medicine, Ulm, Germany

Corresponding author:

Assistant Professor Maximilian Schochow, MD
Ulm University
Institute of the History, Philosophy and
Ethics of Medicine
Parkstraße 11
D-89073 Ulm
Germany
maximilian.schochow@uni-ulm.de

Received: July 26, 2019

Accepted: November 16, 2020

*Both authors contributed equally
to the creation of this article.

ABSTRACT Were the women that were compulsorily committed to closed venereology wards in the Soviet Occupation Zone (SOZ) and German Democratic Republic (GDR) prostitutes and sexually promiscuous individuals? 1,241 patient records of the closed venereology ward in Leipzig-Thonberg were researched in the Leipzig Municipal Archive and evaluated using the historical-critical method. Two periods were investigated: June 1946 to February 1961 (the period of validity of the Orders of the Soviet Military Administration in Germany – SMAG) and March 1961 to August 1990 (period of validity of the GDR regulation). During the two periods of investigation, 3% of the women compulsorily committed to the closed venereology ward Leipzig-Thonberg were prostitutes. 9% of women were compulsorily committed as sexually promiscuous individuals during the first period of investigation, and 13% during the second period. During the first period, mainly adult women with a venereal disease were compulsorily committed. These women were treated for gonorrhea or syphilis. In contrast, the majority of compulsorily committed individuals during the second period were underage girls without a venereal disease. In conclusions: 1) Whereas mostly prostitutes and sexually promiscuous individuals were compulsorily committed to venereology wards in the Federal Republic of Germany (FRG), the proportion of prostitutes and sexually promiscuous individuals in Leipzig-Thonberg was very small. 2) In the 1950s, mostly adult women with venereal diseases were compulsorily committed in the FRG and GDR. 3) A comparison with the closed venereology facility in Berlin-Buch (GDR) shows a similar age distribution among compulsorily committed women in the 1970s and a general decline of venereal diseases.

KEY WORDS: Germany, patient records, sexually transmitted diseases, sex workers, women

INTRODUCTION

Closed venereology facilities to which people suffering from sexually transmitted diseases were admitted have existed in Germany since the Weimar Re-

public (1918-1933) and during the period of National Socialism (1933-1945) (1). After the end of the Second World War, such facilities were frequently established

in the four German occupation zones. These facilities had various designations: venereal disease-hospitals, care homes for patients with venereal diseases, and closed venereology wards. Some of these facilities existed until the 1980s (2,3). As far as it is known, the majority of women that were compulsorily committed to the venereal disease-hospitals and closed venereology wards in the Federal Republic of Germany (FRG) were prostitutes and sexually promiscuous women (German: "*Personen mit häufig wechselnden Geschlechtspartnern*", HwG-Personen) infected with venereal diseases. This has been shown on the examples of West-Berlin (4) and Hamburg-Heidberg (5-7).

To the present day, it has been claimed that it was also mainly prostitutes and sexually promiscuous individuals who were compulsorily committed to the closed venereology wards in the Soviet Occupation Zone (SOZ) and German Democratic Republic (GDR) (8-10). This assertion contradicts both the numerous medico-historical works published in recent years and the current jurisdiction of German courts. Based on the previous research, the structure, function, and the everyday life in the wards has been reconstructed (2,3,11-13). Furthermore, it has been shown that women in the closed venereology wards of the GDR were compulsorily committed against their will and often without medical indication. The aim of the compulsory commitment was to educate the women towards "socialist personalities". In addition, various German courts have ruled that the compulsory commitments in the closed venereology wards were contrary to the rule of law in the GDR (14-16).

From 1946 to 1961, the legal basis for the compulsory commitment in the SOZ and GDR were the Orders No. 30 and 273 of the Soviet Military Administration in Germany (SMAG). One of the aims of these Orders was to combat prostitution. On February 23, 1961 the "Regulation for the Prevention and Control of Venereal Diseases" (German: "*Verordnung zur Verhütung und Bekämpfung der Geschlechtskrankheiten*") came into force. This regulation was valid until the German Unification Agreement of August 31, 1990 and did not provide for any sanctions against prostitutes (2,3). However, it is still currently unknown whether it was almost exclusively prostitutes and sexually promiscuous individuals that were compulsorily committed, as it has been demonstrated to be the case in FRG.

We examined this question on the basis of patient records from the Leipzig-Thonberg closed venereology ward. This care facility for patients with venereal diseases was founded in June 1946. In 1952, this facility became a closed venereology ward, which existed until August 1990 (2,3). Based on the examination of patient records, we discuss four questions in the following sections: 1) Were prostitutes and sexually promiscuous individuals compulsorily committed to the closed venereology wards in the SOZ and GDR? 2) What was the proportion of committed individuals who actually had a venereal disease? 3) How old were the prostitutes and sexually promiscuous individuals? 4) How often were these women and girls compulsorily committed?

Table 1. Groups of persons and description

Groups of persons	Description in the patient records
Prostitutes	<ul style="list-style-type: none"> - sexual intercourse against payment - secret prostitutes - prostitutes - suspicion of prostitution - suspicion of professional prostitution
Sexually promiscuous individuals (German: <i>HwG-Personen</i>)	<ul style="list-style-type: none"> - sexually promiscuous individuals - untreated sexually promiscuous individuals - suspicion of sexual promiscuity
Female drifters	<ul style="list-style-type: none"> - leaving the working place without permission - drifting - vagrancy
Individuals with venereal diseases	<ul style="list-style-type: none"> - source of infection, untreated source of infection - follow-up inspection, neglected follow-up inspection - gonorrhea, suspicion of gonorrhea - gonorrhea and syphilis, suspicion of gonorrhea and syphilis - syphilis, suspicion of syphilis
Other	<ul style="list-style-type: none"> - permanent runaway - sexual intercourse during period of restriction - prisoner - no entry

PATIENTS AND METHODS

Patients

The patient records of the closed Leipzig-Thonberg venereology wards are stored in the Municipal Archive in Leipzig. They are archived there under the signature "Inventory KH Dösen Haut+G" (German: "Bestand KH Dösen Haut+G"). The first patient records were created in 1946 and the last in 1990. They document the situation in the closed care facility for patients with venereal diseases and in the Leipzig-Thonberg closed venereology ward. The size of the inventory is 21.9 running meters. The patient records are stored in 199 boxes. There are about 25 files per box. Accordingly, it can be assumed that the inventory contains approximately 5,000 records. The inventory is sorted alphabetically, based on the surnames of the compulsorily committed women.

Methodical procedure

We drew a sample from the patient records. The sample included patient records with surnames starting with the letters "B", "C", "D", "E", "M", and "W". We viewed and analysed 1,241 files, which corresponds to 25% of the total inventory. These sources were analysed using the historical-critical method. In the evaluation, the following data was included: the birth date of the compulsorily committed women, the date of compulsory commitment and discharge, the justification for compulsory commitment, and the type of treatment. On the basis of the justification for compulsory commitment that is documented in the form "Notification of cessation of inpatient treatment", we distinguished between five groups of persons (Table 1). Undoubtedly, certain groups may coincide with each other (i.e. a prostitute may also be a person with sexually transmitted diseases, etc.). However, for the purpose of the following analysis we adopted the classification of the five groups used in the archival documents between 1946 and 1990. We evaluated patient records for two separate periods. The first investigated period (June 1946 to February 1961)

refers to the period during which the SMAG Orders 30 and 273 were valid. The second investigated period (March 1961 to August 1990) refers to the period during which the "Regulation for the Prevention and Control of Venereal Diseases" of the GDR was valid (2,3).

RESULTS

Groups of compulsorily committed individuals

The evaluation of the patient records for both investigated periods shows the following changes in the groups of compulsory committed individuals (Table 2): Whilst the proportion of prostitutes is very low (3% in each of both periods), the proportion of sexually promiscuous individuals decreased from 13% in the first period to 9% in the second period. The change in the number of female drifters is particularly clear, which increases from 6% to 52%, and the number of individuals with venereal diseases, which falls from 75% to 32%.

Distribution of diseases

Medical care is documented in the patient records in the form of a "treatment sheet". Information about implemented therapies for gonorrhoea and/or syphilis can also be found in these forms. The evaluation of the patient records for the two periods shows the following changes (Table 3): In the group of prostitutes, the change during both periods was rather small. The proportion of implemented therapies in the group of prostitutes was relatively high, with 64% in the first period and 54% in the second period. On the other hand, the other groups of persons, for example the group of sexually promiscuous individuals, showed significant variation: between June 1946 and February 1961, the proportion of persons treated for venereal diseases was more than two-thirds (80%), whereas between March 1961 and August 1990 it fell to less than one-third (24%). A similar change can be

Table 2. Distribution of compulsory commitments (absolute numbers and percentage)

Groups of persons	Validity of the SMAG orders, June 1946 – February 1961 (n=386)	Validity of the GDR Regulation, March 1961 – August 1990 (n=855)
Prostitutes	11 (3%)	24 (3%)
Sexually promiscuous individuals	51 (13%)	80 (9%)
Female drifters	23 (6%)	445 (52%)
Individuals with venereal diseases	289 (75%)	273 (32%)
Other	12 (3%)	33 (4%)

Table 3. Distribution of implemented therapies (absolute numbers and percentage)

Groups of persons	Therapy for gonorrhea and/or syphilis	No therapy	No information
Validity of the SMAG orders, June 1946 – February 1961 (n=386)			
Prostitutes (n=11)	7 (64%)	4 (36%)	-
Sexually promiscuous individuals (n=51)	41 (80%)	5 (10%)	5 (10%)
Female drifters (n=23)	16 (70%)	6 (26%)	1 (4%)
Individuals with venereal diseases (n=289)	230 (79%)	51 (18%)	8 (3%)
Other (n=12)	4 (33%)	2 (17%)	6 (50%)
Validity of the GDR Regulation, March 1961 – August 1990 (n=855)			
Prostitutes (n=24)	13 (54%)	9 (38%)	2 (8%)
Sexually promiscuous individuals (n=80)	19 (24%)	54 (67%)	7 (9%)
Female drifters (n=445)	96 (22%)	331 (74%)	18 (4%)
Individuals with venereal diseases (n=273)	119 (44%)	144 (53%)	10 (3%)
Other (n=33)	3 (9%)	9 (27%)	21 (64%)

observed in the group of female drifters. In this group, the proportion of implemented therapies dropped from 70% to 22%. In other words, the proportion of individuals who did not receive therapy for venereal disease increased from well below one-third in the period June 1946 to February 1961 to almost two-thirds in the period between March 1961 and August 1990 (Table 3).

Age distribution in the compulsorily committed women

The patient records contain information on the date of birth and the date of compulsory commitment. Therefore, the age of the persons who were compulsorily committed can be determined at the

time of the first admission to the ward. The evaluation for the two periods showed the age distribution presented in Table 4. The evaluation of the medical records shows that mostly adult persons (above 18 years of age) were compulsorily committed during the first period. The average age of 22.5 years at the time of compulsory commitment was well above the threshold of legal age. A change in this respect can be observed in the second period. The proportion of committed adults was lower, while the proportion of minors was higher. The average age was 19.5 years. The comparison of the two periods shows that, in the second period, not only the prostitutes and sexually promiscuous individuals but also individuals from other groups were younger at the moment of their first commitment.

Table 4. Age distribution (absolute numbers and percentage)

Groups of persons	Minors	Adults	Average age
Validity of the SMAG orders, June 1946 – February 1961 (n=386)			
Prostitutes (n=11)	-	11 (100%)	28 years
Sexually promiscuous individuals (n=51)	6 (12%)	45 (88%)	24 years
Female drifters (n=23)	5 (22%)	18 (78%)	23 years
Individuals with venereal diseases (n=289)	35 (12%)	254 (88%)	22 years
Other (n=12)	1 (8%)	11 (92%)	23 years
Validity of the GDR Regulation, March 1961 – August 1990 (n=855)			
Prostitutes (n=24)	4 (17%)	20 (83%)	22 years
Sexually promiscuous individuals (n=80)	21 (26%)	59 (74%)	20 years
Female drifters (n=445)	232 (52%)	213 (48%)	19 years
Individuals with venereal diseases (n=273)	85 (31%)	188 (69%)	21 years
Other (n=33)	14 (43%)	19 (57%)	20 years

Frequency of compulsory commitment per person

Patient records documented the frequency of compulsory commitment of individuals. The evaluation of the records for the two periods shows the distribution presented in Table 5. In the first period, about two-thirds of women belonging to specific groups of persons were compulsorily committed for a single time: 54% of the prostitutes, 63% of the sexually promiscuous individuals, 52% of the female drifters, 66% of individuals with venereal diseases, and 67% of other women. Approximately one third of the individuals were hospitalized two to three times: 36% of the prostitutes, 23% of the sexually promiscuous individuals, 39% of the female drifters, 28% of individuals with venereal diseases, and 8% of other women.

With the exception of the group of prostitutes, this ratio hardly changed in the second period. In the first period, 54% of prostitutes were compulsorily committed, compared with only 29% in the second period. Accordingly, the proportion of prostitutes who had been admitted two to three times was relatively high at 50%. On the other hand, 65% of sexually promiscuous individuals, 63% of female drifters, 70% of individuals with venereal diseases, and 63% of other women were committed only once. Consequently, the proportion of compulsorily committed women with multiple admissions in these patient groups was approximately one-third in each case.

DISCUSSION

The evaluation of the patient records from Leipzig-Thonberg shows that the number of prostitutes and

sexually promiscuous individuals among the compulsorily committed women was very low both in the first and in the second period. In the first period (June 1946 to February 1961), 11 (3%) prostitutes and 51 (13%) sexually promiscuous individuals were found in the patient records. In the second period (March 1961 to August 1990), 24 (3%) prostitutes and 80 (9%) sexually promiscuous individuals were identified among the analysed patient records from Leipzig-Thonberg. This refutes the assertion that most compulsorily committed women were prostitutes or sexually promiscuous individuals (8-10). The distinction between these two groups is clarified by a description in the patient records: women who had sexual intercourse for payment or engaged in fornication for material gains were classified as prostitutes. In case of sexually promiscuous individuals, the payment or acquisition of money was not emphasized. Rather, persons who were characterized by a "constant and rapid change and absolute randomness with respect to contact with a respective partner" were classified as sexually promiscuous individuals. The "rapid change" was understood by some physicians as having four distinct partners in a period of three months (17). Other physicians identified having three distinct partners in one month as a "rapid change" (18).

Rather than prostitutes and sexually promiscuous individuals, those confined in Leipzig-Thonberg in the first period were mainly 289 (75%) women who were compulsorily committed on grounds of having a venereal disease. In the second period, the distribution of groups changed. Between March 1961 and August 1990 in Leipzig-Thonberg, in addition to 33 (4%) women with venereal diseases, it was primarily 445 (52%) female drifters who were confined. The reason

Table 5. Distribution of frequency of compulsory commitment per person (absolute numbers and percentage)

Groups of persons	One time	Two to three times	More than three times
Validity of the SMAG orders, June 1946 – February 1961 (n=386)			
Prostitutes (n=11)	6 (54%)	4 (36%)	1 (9%)
Sexually promiscuous individuals (n=51)	32 (63%)	12 (23%)	7 (14%)
Female drifters (n=23)	12 (52%)	9 (39%)	2 (9%)
Individuals with venereal diseases (n=289)	190 (66%)	80 (28%)	19 (6%)
Other (n=12)	8 (67%)	1 (8%)	3 (25%)
Validity of the GDR Regulation, March 1961 – August 1990 (n=855)			
Prostitutes (n=24)	7 (29%)	12 (50%)	5 (21%)
Sexually promiscuous individuals (n=80)	52 (65%)	21 (26%)	7 (9%)
Female drifters (n=445)	282 (63%)	122 (27%)	41 (10%)
Individuals with venereal diseases (n=273)	192 (70%)	60 (22%)	21 (8%)
Other (n=33)	21 (63%)	10 (30%)	2 (6%)

for these changes was the new function of the closed venereology wards. In the first period, the function comprised the coercive treatment of sexually transmitted diseases. In the second period, the closed venereology wards assumed an educational function (2,3). In the house rules of the closed venereology ward in Halle (Saale) from 1963, education towards the "socialist personality" was listed as the primary function of the facility, whereas treatment of sexually transmitted diseases was listed as the secondary function (2,3). In 1972, the closed venereology ward in Erfurt was explicitly required to have an educational program led by a pedagogue (19). The background for this development was the implementation of the "Ten Commandments of Socialist Morality and Ethics". These were incorporated into the program of the Socialist Unity Party of Germany (German: "*Sozialistische Einheitspartei Deutschlands*", SED) in 1963 and were considered the basis for the education towards the "socialist personality". The commandments were intended, among other things, to ensure people's health, to educate them in orderly behavior, and to improve social hygiene (20). With the change of the function of the closed venereology wards in the GDR, we can observe changes in group compositions among the compulsorily committed individuals. The closed venereology wards no longer served primarily to treat patients but to educate so-called "drifters". The term "drifter" was used in the SOZ and the GDR to characterize persons who avoided regular work, even though they were able to work. This designation was based on a tradition dating back to the era of National Socialism (21). During the period of National Socialism and later in the SOZ and the GDR, drifters were regarded as antisocial (22).

The distribution of the groups of persons shows an essential difference to the closed venereology facilities in West Berlin and the FRG. However, a direct comparison with these facilities is only partially possible, since there are hardly any data on these institutions. An exception is the closed venereology ward of the Dermatology Clinic of the Free University of Berlin in the Rudolf Virchow Hospital, which was established in 1954. Between the beginning of March 1954 and February 1956, a total of 1012 compulsory commitments were registered in the West Berlin ward. Of these, about 70% to 75% were compulsorily committed prostitutes or sexually promiscuous individuals (4). Additionally, it has been shown that other closed venereology wards in the FRG, for example in Hamburg Heidberg or München am Biederstein, primarily committed and treated mainly prostitutes and sexually promiscuous individuals (5-7,23). Furthermore, there are a number of other comparison points be-

tween the closed venereology wards in the SOZ and the GDR, on the one hand and the facilities in West Berlin and the FRG on the other hand. The proportion of therapies in case of prostitutes in Leipzig-Thonberg was relatively high in both periods (64% and 54%, respectively). On the other hand, it can be shown that the proportion of sexually transmitted diseases actually treated in sexually promiscuous individuals dropped from 80% between June 1946 and February 1961 to 10% between March 1961 and August 1990. In the closed venereology department of the Department of Dermatology of the Free University in West Berlin, 59.3% of those who had been compulsorily committed had gonorrhoea and 7.3% had syphilis (4). Correspondingly, 66.6% of those who were compulsorily committed in West Berlin were treated for venereal diseases. This share is slightly lower than in Leipzig-Thonberg in the comparable period.

In addition, it has become clear that the proportion of individuals being treated in Leipzig-Thonberg for a venereal disease fell significantly. Between June 1946 and February 1961, nearly two-thirds of the compulsory committed women were treated, while treatments between March 1961 and August 1990 amount to one-third of the committed. This can be compared with numbers from the closed venereology ward in Berlin-Buch. This ward was founded in 1971. In it, a total of 376 girls and women were compulsorily committed between January 1973 and December 1975. 3 (1%) of them had syphilis and 127 (34%) had gonorrhoea and were treated accordingly (24). This approximately corresponds to the average number of therapies in Leipzig-Thonberg for the period from March 1961 to August 1990. With the change in function of the closed venereology wards, the indications for compulsory commitments changed from a medical indication (individual with venereal diseases) to a social indication (underage "drifters"). In particular, underage girls were compulsorily committed. Since the 1960s, these young girls were considered particularly promiscuous and easily manageable in education (24). High promiscuity was considered a reason for the spread of venereal diseases. In order to prevent such spread, young girls were often compulsorily committed and educated without any medical indication. This can be very clearly observed in the development of the age distribution: the age distribution for Leipzig-Thonberg shows that not only prostitutes and sexually promiscuous individuals but also other groups of persons were predominantly adults in the first period, yet they were more frequently underage in the second period. In comparison with the closed venereology ward of the Department of Dermatology of the Free University in West Berlin, it becomes clear

that between March 1954 and February 1956 adult women were likewise compulsorily committed. 86% of compulsorily committed persons in West Berlin were adults and 14% were underage (4). The average age in the period was 23.26 years, which is thus relatively close to the average age in Leipzig-Thonberg of 22.6 years in the first time period. In the Berlin-Buch closed venereology ward between January 1973 and December 1975, 227 (60%) of the women were minors and 149 (40%) were adults (24). This distribution is similar to Leipzig-Thonberg, where the average age was 19.49 years in the comparable period.

For prostitutes and sexually promiscuous individuals, the evaluation of the frequency of compulsory commitments per person shows that more than half of them were compulsorily committed a single time in the first period and about one third of them was committed two and three times. In comparison with the closed venereology ward of the Department of Dermatology of the Free University in West Berlin, it becomes clear that more individuals were committed only once to the latter institution: 74.3% were committed once, 16.3% twice, and 5.6% three times (4). Between January 1973 and December 1975, a total of 376 girls and women were compulsorily committed to the Berlin-Buch closed venereology ward, of which 56 (15%) were repeatedly hospitalized (24). Thus, the number of repeated commitments in Leipzig-Thonberg was higher than in Berlin-Buch.

CONCLUSIONS

The proportion of prostitutes in Leipzig-Thonberg was about 3% in both study periods: June 1946 to February 1961 and March 1961 to August 1990. The proportion of sexually promiscuous individuals was 9% in the first period and 13% in the second period. It is clear that scarcely any prostitutes and sexually promiscuous individuals were compulsorily committed in Leipzig-Thonberg, and that these individuals were women with venereal diseases, women suspected of having a venereal disease, and mostly female drifters. The women in the closed venereology wards were not prostitutes, but victims of the SED dictatorship.

The evaluation of the Leipzig-Thonberg patient records provides the following picture, differentiated according to the two investigated periods: in the first period, mainly adult women with venereal diseases or being suspected of having a venereal disease were compulsorily committed and treated for gonorrhoea and/or syphilis. In contrast, in the second period, underage girls were often compulsorily committed under the pretext of drifting. These girls and women did not receive medical treatment because they were not

diagnosed with a venereal disease. Rather, the girls and women were compulsorily committed to be educated with the aim of transforming them into "socialist personalities". In the future, we will also intensively examine the closed venereology facilities in the Federal Republic of Germany in order to place this important comparison on a solid footing.

References:

1. Sauerteig L. Krankheit, Sexualität, Gesellschaft. Geschlechtskrankheiten und Gesundheitspolitik in Deutschland im 19. und frühen 20. Jahrhundert. Stuttgart: Steiner; 1999.
2. Steger F, Schochow M. Traumatisierung durch politisierte Medizin. Geschlossene Venerologische Stationen in der DDR. Berlin: Medizinisch Wissenschaftliche Verlagsgesellschaft; 2016.
3. Schochow M, Steger F. Closed venereology wards in the GDR. *J Eur Acad Dermatol Venereol*. 2016;30:1814-8.
4. Weise HJ. Zwei Jahre "Zwangsstation" für geschlechtskranke Frauen in Westberlin. *Z Haut Geschlechtskr*. 1956;21:273-9.
5. Reng B. Das sexuelle Verhalten junger weiblicher Prostituerter. *Beitr Sexualforsch*. 1968;45:1-57.
6. Freund-Widder M. Frauen unter Kontrolle. Prostitution und ihre staatliche Bekämpfung in Hamburg vom Ende des Kaiserreichs bis zu den Anfängen der Bundesrepublik. Münster: Lit; 2003.
7. Lahn AV. Syphilis im Hamburg der Nachkriegszeit. Hamburg: Med.-Diss; 2009.
8. Falck U. VEB Bordell. Geschichte der Prostitution in der DDR. Berlin: Links; 1998.
9. Timtschenko M. Zur Strafe in die "Tripperburg". Tausende Frauen wurden in der DDR in venerologische Stationen zwangseingewiesen, um sie zu disziplinieren. Nun sprechen die ersten Opfer. Hamburg: DIE ZEIT vom 29.6.2017: 15.
10. Brüning S. Prostitution in der DDR. Eine Untersuchung am Beispiel der Städte Rostock, Berlin und Leipzig von 1968 bis 1989. Rostock: Uni-Diss; 2018.
11. Steger F, Schochow M. Disziplinierung durch Medizin. Die geschlossene Venerologische Station in der Poliklinik Mitte in Halle (Saale) 1961 bis 1982. Halle (Saale): Mitteldeutscher Verlag; 2015.
12. Steger F, Schochow M. Disciplining through Medicine. Turning Girls and Women into "Socialist Personalities" at Closed Venerological Wards in Communist East Germany (GDR). *Law, Health & Society*. 2016;3:68-71.

13. Steger F, Schochow M. Traumatisierte Frauen. Geschlossene Venerologische Stationen in Mitteldeutschland. Gerbergasse. 2017;1:45-9.
14. Mützel P. Anmerkungen zur Rehabilitierung von Einweisungen in geschlossene Stationen für geschlechtskranke Frauen in der DDR. Zugleich Besprechung der Beschlüsse des OLG Dresden vom 30. Juni 2016 - 1 Reha Ws 25/16 - und des LG Magdeburg vom 29. Juni 2016 - Reh 190/15. Zeitschrift für offene Vermögensfragen. 2016;4:136-8.
15. Thole J. Strafrechtliche Rehabilitierung für unrechtmäßige Einweisung in eine geschlossene venerologische Station in der DDR. MedR. 2018;36:697-8.
16. Linoh KP. Anmerkung zu OLG Naumburg, Beschl. v. 19.7.2017 – 2 WS (Reh) 21/17 (LG Halle). MedR. 2018;36:698-700.
17. Räscke G. Ergebnisse einer Befragung von 100 weiblichen HwG-Personen. Z Arztl Fortbild. 1963;24:1356-66.
18. Krüger W. Das Problem des häufig wechselnden Geschlechtsverkehrs. Dtsch Gesundheitsw. 1955;36:1200-6.
19. Kittlaus H, Schiller F. Untersuchungen an weiblichen Personen einer geschlossenen venerologischen Abteilung mit Hilfe des Maudsley Medical Questionnaire (MMQ). Dermatol Monatsschr. 1972;108:78-89.
20. Zimmermann V. "Den neuen Menschen schaffen". Die Umerziehung von schwererziehbaren und straffälligen Jugendlichen in der DDR (1945-1990). Köln, Weimar, Wien: Böhlau; 2004.
21. Ayaß W. "Asoziale" im Nationalsozialismus. Stuttgart: Klett-Cotta; 1995.
22. Korzilius S. "Asoziale" und "Parasiten" im Recht der SBZ, DDR. Randgruppen im Sozialismus zwischen Repression und Ausgrenzung. Köln, Weimar, Wien: Böhlau; 2004.
23. Borelli S, Starck W. Die Prostitution als Psychologisches Problem. Berlin, Heidelberg: Springer; 1957.
24. Jenke S, Krell L, Kesler D, Elste G. Weitere Untersuchungen über Uneinsichtige, Gefährdete und Kranke aus dem Fachbereich Venerologie. Dtsch Gesundheitswesen. 1977;32:418-20.