INTRODUCTION
The study of the phenomenon of commercial sex is carried out from the moment of its occurrence, that is, throughout the history of mankind. As a phenomenon of commercial sex, and the features of people engaged in sex business have always attracted the attention of researchers. Attempts to understand the origins and risks of this activity were made by scientists from various fields and spheres of scientific knowledge - sociology, cultural studies, anthropology, jurisprudence, medicine and psychology [1 - 9]. However, until now, there is no consensus among scientists of the medical and psychological direction regarding its conceptualization and origin. It is considered within the framework of deviant, and auto-aggressive, and self-destructive behaviors, such as the propensity to dependence illnesses [10 - 16]. In our opinion, engaging in commercial sex, which is obligatory associated with unimportant risks of harm to one's own safety and physical health, can be considered as one of the variants of self-destruction.

THE AIM
The purpose of the publication - based on the hypothesis of conceptualizing of engaging in commercial sex as self-destructive behavior, to define its leading descriptors and predictors, on the basis of which to propose measures of their psycho-correction.

MATERIALS AND METHODS
By providing informed consent, 185 women - residents of the big city of Ukraine participated in the research. The
research was conducted in the «Communicator Center for Workers of Commercial Sex» on the basis of the All-Ukrainian Charitable Foundation «Drop In Center». The main group (MG) of the research was 135 women -female sex workers (FSW), comparative (GC) 50 women who had no relation to this activity.

The age of women MG was between 18 and 41 years (mean age 26.0 ± 6.2 y.). 43.7% of them had higher education, others - secondary / secondary special education. 14.1% were in active marriage, 23.7% - lived in a civil marriage, others were unmarried. Almost half of the women (49.6%) had children (31.9% - brought up a child, 17.8% - two children). The overwhelming majority - 94.1% of women came from other cities (41.5%) or settlements (52.6%) of Ukraine. The average length of commercial sex on the sample was 4.8 ± 5.8 years, of which 60.0% worked in the sex business less than 3 years. 69.6% provided sex services in a specialized premise, and the rest 30.4% - in their apartment. In addition, 83.0% also worked on the call, leaving for clients. The experience of using narcotic substances was 45.9%, while other 54.1% did not use drugs. 77.0% used alcohol (at the level of harmful or dangerous use). The average age of the beginning of sexual life in the surveyed MG is 16.02 ± 2.8 years, which is not identical to the age of the first sexual experience, since most women (83.7%) talked about the presence of sexual abuse in childhood and subjectively did not perceive this event as the beginning of sexual life. The GC includes 50 women who never offered sexual services for rewards, aged of 18 to 40, 64.0% of which had higher education, 36.0% had secondary education, the average age of their sexual life was 17.1 ± 1.9 years.

The research methods were socio-demographic, clinical-psychological, psycho-diagnostic, systemic-structural analysis of sexual health and mathematical and statistical. Psycho-diagnostic study tools consisted of: Colombian scale for assessing the severity of suicide (C-SSRS) [20]; the questionnaire “The Index of Life Style” by R. Plutchek, G. Kellerman, H.R. Conte [21], the method of characterizing the accentuations of the character of K. Leonhard - G. Shmyshke [22], “The method of research of predisposition to victim behavior” O.O. Andronikovka, modified for interrogated adults [23], durability test of S.R. Maddi in the adaptation of D. A. Leontiev, O. I. Rasskazova [24]. The statistical processing of the obtained results and indicators was carried out by means of the method of determining the significance of the differences in the samples (in accordance with the t-criterion of the Student, the Fisher-φ-criterion, and the Mann-Whitney criterion for non-parametric samples). Mathematical processing was carried out with using of the package of computer programs Excel and SPSS 16.0 for Windows.

RESULTS

An analysis of the presence and structure of suicidal ideas revealed shocking results: 129 women (95.6%) had a history or present desire to die in the form of “I want to be dead or go to bed and not pretend to be”; 124 women (91.9%) thought about committing suicide; 46 women were contemplating a suicide without a specific plan (34.1%); 29 women (21.5%) had intentions to act; 54 persons intended to carry out a detailed planned suicide (40.0% of the surveyed). 56 women (41.5%) tried to commit suicide by making a real attempt, carried out preparatory actions - 55 (40.7%) of the surveyed, but 38 people (28.1% of the total number of surveyed and 67.9% of the number of women who tried to commit suicide) stopped themselves. Religious beliefs helped them (belief that this is a great sin), thoughts about parents or children, fear, emotional sedation during preparatory actions; among 18 women (13.3% of the total number of surveyed and 32.1% of the number of women attempting to commit suicide) attempted suicide was interrupted by external circumstances, first of all such as telephone, intercourse of friends or relatives (convinced not to do). Consequently, the results of the study showed the presence of almost all of the sample of investigated FSW with a marked suicidal tendency, with nonspecific or specific thoughts about committing suicide, and, slightly less than half of them (40.7%) had in their own experience of stopped attempts to commit suicide. However, the grounds for suicidal attitude were unevenly distributed in the sample: 22 women (16.3%) were guided by the desire to attract attention, revenge or gain retaliation from other people; others, in one degree or another, wanted to stop psychological pain from which they suffered (113 people, 83.7%). Among the women of GC suicidal ideas, and, moreover, suicidal attempts in history were not observed.

Signs of the transformation of sexual activity were found in 36 women (26.7%) and in 87 cases (64.4%) were manifestations of hypertrophic behavior. The psychosocial orientation in the vast majority of respondents was normative, but in 34 women (25.2%) there were bisexual tendencies. Education in matters of sexual behavior and the interpretation of sexual manifestations were inadequate in more than half of the surveyed (79 people, 58.5%). Of the types of sexual culture, FSW prevalent: neurotic (65 people, 48.1%), primitive (33 people, 24.4%), liberal (26 people, 19.3%) and hypertrophic (11 people, 8.1%). Among the types of sexual motivation for FSW were characteristic: passive-conquering (75 people, 55.6%), frivolously irresponsible type (26 people, 19.3%), genital type (25 people, 18.5%) and aggressive selfish type (12 people, 8.9%). The main motive for sexual activity was a material benefit, although 19 women (14.1%) noticed self-affirmation as the main motive for their own sexual behavior. The vast majority of respondents did not feel psychosexual pleasure (109 women, 80.7%). Thus, in FSW, the social, psychological and socio-psychological components of sexual realization were violated, and the presence of almost all suicidal attitudes testified to the defeat of the psychological component of the biological component of sexuality in the surveyed.

Among women of GC predominated the normative sex-role behavior, the apolon type of sexual culture, the mutually altruistic communicative-hedonic type of sexual motivation.
All surveyed MG had a lack of general education, which led to the formation of an unharmonious personality and the lack of adaptability. Thus, 69 people have education by the type of emotional rejection (51.1%); 22 persons - by the type of dominant hyperprotection (16.3%); by the type of hepatoprotection - 20 people (14.8%); 18 people were raised in the conditions of strict relations (13.3%); 6 people were raised in the conditions of increased moral responsibility (4.4%). A significant number of the surveyed did not receive any sexual education at all in the family (87 people, 64.4%). Among others, there were immoral (26 people, 19.3%) or puritanical and repressive (22 persons, 16.3%) types of sexual education. The deformation of general and sexual education, undoubtedly, left a negative imprint on both the process of personality formation and the sexual realization of FSW.

All women in MG have over norm tensions in all mechanisms of psychological protection (MPP), in contrast to the results obtained in women with GC, in which the tensile strengths of all MPP were within normative values (statistical-mathematical analysis using nonparametric Mann-Whitney test proved statistic the significance of the discrepancies detected between MG and GC for all indicators of MPP is p <0.05 or less). In all FSW, within the limits of the above normative, were the indicators of tension by the projection and intellectualization mechanisms (100%, respectively), 124 persons (91.9%) - by the mechanisms of regression and reactive formation (respectively), 113 persons (83.7%) – by compensations, 103 people (76.3%) - by negation and substitution (respectively), 81 women (60.0%) – by displacement, which allowed them to consider their own inadmissible or unacceptable feelings as strange and not feel responsible for these.

In practically all women of MG there was a combination of certain accentuations (varying degrees of manifestation, however, greater than the normative value). In the general sample, almost all of types were found: emotional (87 persons, 64.4%), dysthymic (82 persons, 62.2%), anxiety (53 persons, 39.3%), affective exaltation (26 people, 19, hypertensive (24 persons, 17.8%), demonstrative (22 persons, 16.3%), excitatory (22 persons, 16.3%), stuck (19 people, 14.1%) and cyclothymic (17 people, 12.6%). Among the women of the GC, the combined/isolated increase to the average emotional (37, 74.0%) and hypertensive (29 persons, 58.0%) accentuation was revealed (differences between the MG and the GC by severity and prevalence of accentuations according to nonparametric statistical analysis (Mann-Whitney and Fischer’s exact criteria) are statistically significant, p <0.05 or less). The analysis of the distribution and severity of accentuated character traits among FSW with the conduct of cluster analysis allowed to distinguish three variants of the combination of types of accentuation (p <0.01) that determined the specifics of the intrapsychic response of the surveyed, and became the basis for the implementation of self-destructive behavior in the form of occupation by prostitution.

Option № 1 - emotional-anxiety-dysthymic - was installed in 87 people (64.4%). The average indicators of the severity of these types of accentuation in this group were 18.4 ± 0.8 points for emotional, 18.1 ± 1.0 for anxiety and 16.8 ± 0.9 for dysthymic accentuation. They were characterized by increased emotional lability, a tendency to the pessimistic perception of reality, reduced mood, self-doubt, lack of skills of adequate social adjustment, weakness and helplessness, underestimation of their own abilities, constant anticipation of troubles and alarming expectations.

Option № 2 - affective exalted hypertonic-cyclotomic - was allocated among 26 people (19.3%). In this group, women had a combination of affective exaltation (mean severity of 17.8 ± 0.7 points), cyclothymic (mean severity of 17.1 ± 1.1 points) and hypertension (mean severity of 16.6 ± 1.1 points) accentuated types. These women were characterized by turbulence with an unstable emotional response with a wide range of emotional manifestations, a desire for entertainment and life pleasures, reduced sense of duty, frivolity, increased risk aversion, superficiality, inability to distinguish between “good” from “bad”, abusive and inconsistent.

Option № 3 - demonstratively exciting and stucked - was allocated among 22 people (16.3%). These women were characterized by high indicative (average severity of 17.9 ± 1.1 points), excitatory (mean severity 16.2 ± 0.9 points) and sticking (average 15.3 ± 1.2 points) accentuation. This group of women differed in egocentrism and selfishness, in pathological stability of affect, first of all, negative experiences, irritability, conflict as a result of rejection of another point of view, especially in accordance to one's own personality, authoritarianism against the backdrop of weakness of the volitional sphere and uncontrollable outbursts of anger, indifference to the future with the desire for entertainment and pleasures.

In the study of viability, it was found that 97 women (71.9%) had low levels of MG (less than 62 points), that is, their behavioral repertoire lacked effective coping strategies for stress management, and the ability to assess their own capabilities and resources of surroundings was dubious. Other 38 (28.1%) of MG examined had an average level of viability (in the amplitude of values 62 - 81 points): they showed the ability to function only in conditions of everyday stress factors. Among the women of GC, 38 people (78.0%) had average viability indexes (62-81 points in the amplitude), the remaining 12 people (24.0%) had higher mean values (in the range of 82-100 points).

Practically all the possible types of victim behavior in FSW were registered with abnormal indicators. The analysis of the results pointed to the existence of a self-destructive self-destruction predictor in FSW as victimism, which is associated with active and even provocative behavior and characteristics such as an irrational and unreasonable predisposition to risk. They had a tendency toward antisocial behavior, violations of social norms, rules and ethical values.

On the basis of clusterization of the received results, three clinical and psychological variants of self-destructive behavior, characteristic for FSW are distinguished: passively helpless (87 persons, 64.4%); frivolously irresponsible (26 people, 19.3%); demonstratively aggressive (22 people, 16.3%) (Table I).
**Table I.** Representation and content of clinical and psychological variants of self-destructive behavior in FSW

<table>
<thead>
<tr>
<th>Predictor / Descriptor</th>
<th>Demonstration-aggressive, n=22</th>
<th>Passive-helpless, n=87</th>
<th>Frivolous-irresponsible, n=26</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicidal mood</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>expressed suicidal attitude with nonspecific or specific thoughts about committing a suicide</td>
<td>100% felt the desire to die throughout life</td>
<td>76.9% felt the desire to die throughout life</td>
</tr>
<tr>
<td>Specific features</td>
<td>100% felt the desire to die throughout life</td>
<td>motive: desire to attract attention, revenge or get feedback from other people (100%)</td>
<td>motive: to stop psychological pain from which they suffered (100%)</td>
</tr>
<tr>
<td></td>
<td>100% felt the desire to die throughout life</td>
<td>motive: to stop psychological pain from which they suffered (100%)</td>
<td>motive: to stop psychological pain from which they suffered (100%)</td>
</tr>
<tr>
<td></td>
<td>real suicide attempt – 9,1%</td>
<td>real suicide attempt – 44,8%</td>
<td>real suicide attempt – 57,7%</td>
</tr>
<tr>
<td><strong>Sexual realization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>violation of social, psychological, socio-psychological and biological components of sexual realization</td>
<td>transformation of sexual behavior (100%)</td>
<td>transformation of sexual behavior (53,8%)</td>
</tr>
<tr>
<td>Specific features</td>
<td>transformation of sexual behavior (100%)</td>
<td>hyper role-playing behaviour (100%)</td>
<td>transformation of sexual behavior (53,8%)</td>
</tr>
<tr>
<td></td>
<td>68,2% – bisexual orientation</td>
<td>90,8% – lack of education in sex</td>
<td>73,1% – bisexual orientation</td>
</tr>
<tr>
<td></td>
<td>primitive type of sexual culture (100%)</td>
<td>neurotic (74,7%), primitive (12,6%), hypertrolytic (12,6%) types of sexual culture</td>
<td>liberal type of sexual culture (100%)</td>
</tr>
<tr>
<td></td>
<td>aggressive selfish (54,5%), genital (45,5%) types of sexual motivation</td>
<td>passive-conquering (86,2%), genital (13,8%) types of sexual motivation</td>
<td>frivolously irresponsible (100%) type of sexual motivation</td>
</tr>
<tr>
<td><strong>General and sexual education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>deformation of general and sexual education</td>
<td>exposure / dominant hyperprotection (100%)</td>
<td>hypoprotection (76,9%), increased moral responsibility (23,1%)</td>
</tr>
<tr>
<td>Specific features</td>
<td>exposure / dominant hyperprotection (100%)</td>
<td>emotional rejection (79,3%), hard-line relationship (20,7%)</td>
<td>hypoprotection (76,9%), increased moral responsibility (23,1%)</td>
</tr>
<tr>
<td>Specific features</td>
<td>puritanical and repressive types of sexual education (100%)</td>
<td>no sexual education (100%)</td>
<td>immoral type of sexual education (100%)</td>
</tr>
<tr>
<td><strong>Individual-psychological patterns</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mechanisms of psychological protection</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>fears of self-acceptance and rejection, devaluation with feelings of confusion, panic and feelings of guilt; fear of independence and initiative and shame and punishment; amounts, fears and feelings of inferiority; vulnerability to the indifference of others and a sense of inferiority, as well as anger with shame and the desire for revenge and punishment; existence in fear of being depreciated and shameful</td>
<td>projection, regression, active formation, substitution, intellectualization</td>
<td>projection, regression, reactive formation, substitution, negation, intellectualization</td>
</tr>
<tr>
<td>Specific features</td>
<td>projection, regression, active formation, substitution, intellectualization</td>
<td>projection, regression, compensation, reactive formation, substitution, negation, intellectualization</td>
<td>projection, regression, reactive formation, compensation, negation, intellectualization</td>
</tr>
<tr>
<td><strong>Accentuations</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>the presence of a combination of those or other accented rice</td>
<td>demonstration-excitatory-jamming variant</td>
<td>affective exalted hyperthyroid cyclotamine variant</td>
</tr>
<tr>
<td>Specific features</td>
<td>demonstration-excitatory-jamming variant</td>
<td>emotion-anxiety-dysthymic option</td>
<td>affective exalted hyperthyroid cyclotamine variant</td>
</tr>
<tr>
<td><strong>Behavioral patterns</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Vitality</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>General features</td>
<td>lack of viability and effective coping strategies for stress management, questionable ability to assess own capabilities and resources of the environment; the difficulty of adapting to the inability to reconcile with the existing traumatic situation in the sex business; a sense of uncertainty in the future; perception of the surrounding reality as an incomprehensible, dangerous, cruel, uninteresting and devoid of meaning of being; feeling of helplessness and finding «out of life»</td>
<td>lack of control (100%), risk capability (90.9%)</td>
<td>lack of control (100%), risk capability (100%)</td>
</tr>
<tr>
<td>Specific features</td>
<td>lack of control (100%), risk capability (90.9%)</td>
<td>low inclusiveness (100%), lack of control (100%), risk capability (100%)</td>
<td>low inclusiveness (73,1%) lack of control (100%)</td>
</tr>
<tr>
<td><strong>Victimic behavior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General features</td>
<td>pathological victim behavior, a tendency to increased victimhood</td>
<td>aggressive victim (100%), active victim (9.1%)</td>
<td>active victim (100%), Initiative Victim (100%), aggressive victim (19.2%)</td>
</tr>
<tr>
<td>Specific features</td>
<td>aggressive victim (100%), active victim (9.1%)</td>
<td>active victim (100%), initiative victim (40.2%), uncritical victim (39.1%)</td>
<td>active victim (100%), Initiative Victim (100%), aggressive victim (19.2%)</td>
</tr>
</tbody>
</table>
Guided by the established clinical and psychological typology of self-destructive behavior of FSW, we have developed a program of measures of differentiated psycho-correction, aimed at reducing the risk of self-destruction in this contingent. The following general tasks were determined: 1) increasing the stability and resistance to psycho-traumatic conflict situations; 2) the development of the ability to control their own behavior and their own reactions to provocative factors; 3) raising awareness of causal relationships between personality-characterological and sexual-behavioral components in the structure of personality; 4) the formation of skills for independent decision making and conflict resolution in the field of gender interaction; 5) identification of priority directions in the development of relations and the formation of a responsible attitude to their behavior.

An important factor that determined the format of psycho-corrective work was the impossibility of long-term interventions, which was related to the conditions of FSW life, namely, the lack of independence in the actions as a result of dependence on the pimp, migration to other cities on the order of the client, etc.

The implementation of the program included the implementation of a series of consecutive steps, some of which were non-specific, and others - having a specific focus, depending on the version of the self-destructive behavior of FSW.

According to the general structure, the program contained classical blocks that determined its informative and methodological content: psycho-education, psycho-correction, psycho-progression.

The program consisted of 20 thematic meetings lasting up to 90 minutes (total duration - no more than 4 days). According to the form the work was built in the form of group meetings and psychological training (using the psycho-corrective benefits of group work) on the basis of cognitive-behavioral therapy.

Psycho-education was implemented within the framework of discussion on thematic lessons on topics such as: a) general concepts: "health", "reproductive health", "sexual health", "sex", "gender", "sexuality", "self-destructive behavior", "suicidal behavior", "basic psychological needs of the person"; b) violence and its types, violence in the context of sex work, violence and risky behavior, risky sexual behavior, victimization and victim-blame, responsible sexual behavior, self-incrimination in sex business; c) factors influencing sexual and reproductive health and safe sexual behavior (psychological, physical, social); d) the rights of men and women to sexual and reproductive health; e) laws, regulations, regulatory protocols regulating the rights to sexual and reproductive health; f) sex work as a type of work; g) the specifics of the risks of transmission of HIV infection, STDs among people involved in commercial sex; h) risks of drug use by people involved in commercial sex; i) the risks of suicidal attitude and self-directed behavior among FSW.

The psycho-correction block of the program was created based on the fact that FSW - are women in the conditions of the long-term stressful impact of a complex crisis life situation, as a result of which they need special measures of psychological support and self-help skills. Psycho-correctional influences were directed at the targets determined during the work, first of all, suicidal mood, the tension of psychological protective mechanisms, victim behavior.

In the framework of group discussion on the method of group discussion with elements of reproduction of life situations, measures were taken to master the skills of stabilization of the emotional-volitional and behavioral sphere, such as: a) help and self-help in removing of psycho-emotional stress and normalizing the psycho-emotional state; b) identification of manifestations of suicidal attitude and their leveling; c) identification of the pathological consequences of experienced violence and their capture; d) identification and overcoming the propensity to victimization and victim-blaming; e) recognition of own motives of predisposition to self-destructive risk behavior and their elimination; f) overcoming self-stigmatization, etc.

To resolve issues related to the ability to identify and constructively analyze of the character traits which produce and provocative the self-destructive behavior, and the ability to cope with them, carried out a meaningful differentiation of psycho-correction effects, taking into account the option of self-destructive behavior, inherent in the surveyed.

Psycho-preventive measures consisted from discussing and developing a strategy for minimizing risks and reducing harm in sex work, preventing victim-blaming and stigmatization, overcoming the barriers associated with seeking treatment (legal, psychological, medical), strengthening self-help and self-help skills, and psychological support.

At the end of the program, upon request, women received psychological assistance in telephone or Skype counseling.

In total, 54 FSW were involved in psycho-correction: 36 persons (41.4%) with a passively-helpless version of self-destructive behavior, 10 people (38.5%) with frivolously irresponsible and 8 women (36.4%) with demonstratively aggressive options. Six months after the implementation of the psycho-correction program, for feedback on its effectiveness, groups were organized that covered 45 FSW, of those who participated in the developed events. It was noted that, according to the respondents’ self-assessment, the severity of suicidal attitude was reduced due to the acquired skills to avoid risky situations associated with increased victimization and tendency to self-destruct general mood were increased, the number of conflicts with others and relatives was decreased. Also, as positive, changes were noted for activating and integrating FSW community members for mutual assistance and disseminating knowledge about preventing self-destructive behavior among this contingent.

DISCUSSION
Taking into account that during our work we have substantiated the previous hypothesis about the conceptualization of the occupation of prostitution as a form of
self-destructive behavior, we believe that the aim of the work was achieved.

The obtained results allow to state that the leading descriptors of self-destructive behavior in FSW are: 1) expressed suicidal tendency with non-specific or specific thoughts about committing a suicide (and in 41.5% of cases with a suicidal attempt in the history); 2) distortion of the realization of sexuality; 3) excessive tension of the mechanisms of psychological protection.

Predictors involved in the mechanisms of the formation of this phenomenon can be divided into: family - non-harmonic general education and, for the most part, the absence of sexual, and 2) individual psychological, which include: a) non-harmonic characterological features, b) lack of viability, c) distortion of the mechanisms of psychological protection, and d) predisposition to victim behavior.

In our opinion, depending on the ratio and content of identified predictors, one of the three variants of self-destructive behavior is formed in FSW - demonstratively aggressive, passively helpless, and frivolously irresponsible. However, despite the presence of three clinical and psychological variants of self-destructive behavior in FSW, psycho-corrective measures should include both general, common for all FSW, and personalized, differentiated depending on its variant, influences.

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The results obtained are original and reflect the results of the work of the author’s team during 2015-2018.

CONCLUSIONS
Consequently, as a result of the work among PSC a number of specific pathognomonic psycho-emotional, individual-psychological and behavioral features were distinguished, that made it possible to conceptualize occupations of prostitution as form of self-destructive behavior, and to propose effective measures of its psycho-correction and psycho-processing. Knowledge of genuine, though hidden, incentives for the engaging in commercial sex, the definition, and understanding of descriptors and predictors of self-destructive behavior among FSW has made it possible to improve the effectiveness of preventive and corrective work that has become a step towards overcoming the epidemic of HIV and sexually transmitted diseases.

REFERENCES
The research was carried out within the framework of the scientific research work of the Department of Sexology, Medical Psychology, Medical and Psychological Rehabilitation of the Kharkiv Medical Academy of Postgraduate Education of the Ministry of Health of Ukraine on the topic “Violation of family health in crisis states of various genesis. Causes, mechanisms of development, clinical manifestations and system of psycho-diagnosis, psycho-correction, psycho-prophylaxis” (state registration number 0112U000972) and “Medical-psychological consequences of social stress and information-psychological warfare (macro-, micro-social factors of maladaptation, mechanisms of formation, the system of psycho-diagnosis, psycho-correction, psycho-prophylaxis)” (state registration number 0117U000371).

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