

TATTOOS AS A FORM OF EXPRESSING IDENTITY AND PERCEPTIONS OF THE HEALTH RISKS OF GETTING TATTOOED

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Abstract: *The article presents the results of an exploratory research, with qualitative and visual data, conducted in Brasov city, Romania. The objectives of the research were to identify the motivation behind getting tattooed, the meanings of tattoos and the perceptions of health risks of getting tattooed. The theoretical premise of the research was that tattoos are getting out of the sphere of deviance entering the mainstream. As for the practical premise, that is represented by the lack of data regarding this phenomenon in Romania. With respect to the perceptions of health risks, our research launches the hypothesis of a profound lack of information related to the diseases that could be contracted through tattooing.*

Keywords: *tattoo, identity, health risk.*

1. Introduction

Body art as a research field, especially tattooing, appeared a few thousand years ago as an initiation ritual or as a marker of social status and it receives, at least for the moment, quite little attention; there is little empirical research despite the fact that the prevalence of the phenomenon has increased in most countries of Europe and America, being associated with a high cost not only financial, but personal and social as well: pain, stigma, the possible medical complications and the permanent character of tattooing.

Because in Romania there is no data regarding the amplitude and the effects of this phenomenon, we expressed three research questions: why are people getting tattooed? What are the meanings of the chosen tattoos? How do people perceive the risks of contracting illnesses by getting tattooed, illnesses brought up in studies from other countries? In other words, what is the perspective of Romanians, of people from Brasov in particular, on the tattoos that they are wearing on their skin?

Our exploratory research was encouraged by the lack of systematic data for Romania. There is no official statistics that has data about the amplitude of the phenomenon, or about its medical effects or of another kind. There are only some articles on the Internet

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that give advice about how to make sure the tattoos are made under safety conditions. We found only one article on the site of the National Institute of Infectious Diseases-Prof. Dr. Matei Balş from Bucharest, where it is stated that Hepatitis B can be transmitted through contaminated needles (INBI Matei Bals, 2013). There is, as well, on the Romanian Health Ministry site, a recent report of a national action of control conducted in beauty, tattoo and piercing studios by health inspectors in 2018. According to this report, 6238 studios are registered in Romania out of which were controlled: 2255 beauty studios (approx. 36%); 77 tattoo and piercing studios (approx. 3,4%). This report shows that a number of 265 fines and 420 admonitions were given, and the activity of 7 studios was suspended; the most common issues were: cleaning, disinfection and sterilization of hands, instruments and reusable materials (Cîrlan, 2018).

A phone conversation with the director of Public Health Agency from Brasov in December 2018 has convinced us that we need systematic, longitudinal research upon the amplitude and medical effects of tattooing due to the fact that there is no official data and health risks can occur only by not respecting the hygiene procedures and because the inks used in tattooing are not controlled and approved by any specialized institutions.

2. A Short History of Tattoos

According to Swami and Harris (2012), the history of tattooing started in Europe (approximately) 5300 years ago with Ötzi, the Iceman, the oldest mummified body that reportedly had his ears pierced and carbon tattoos, simple dots and lines. Even though both piercing and tattooing had a large geographical prevalence, they seem to be made using the same techniques and out of similar reasons, namely as an initiation ritual or for marking the social status of a person. In the modern history, the rediscovery of the body art of tattoos was stimulated by the journeys of James Cook in South Pacific between 1766 and 1779. He arrived in Tahiti where this practice was very popular and where the word is rooted (*tattoo* is a derivation of the word *tatau* which means to draw or to mark). When Cook returned, a large part of his crew were tattooed, which started a “tradition” of associating tattoos with sailors and the working class across Europe.

Toward the end of mid-1880s, the tattoos went through a short time of popularity among the upper classes in Britain and the USA. “In the wealthy class, the purpose of tattoos was to impress, and in the working class, tattoos were to express” (Fisher, 2002 *apud* Swami & Harris, 2012, p. 95). However, the popularity did not last for long and its brevity was due to the increasing number of “deviants” that were having tattoos. So, the tattoo becomes again something specific to sailors, inmates, motorcyclists, unions of organized crime and other stigmatized groups as being deviant and aggressive.

Historically speaking (Benson, 2000), body art was more often found on those who were violently placed under the law of the Nation-State. In other words, the prisoners and day labourers were feeling like the state is exploiting them without paying them enough, and this was their form of proclaiming their rights upon their own body. It was an “ownership declaration” (Benson, 2000, p. 251).

In the 1980s, sociologists started to notice this movement in the punk and gay groups, as a way to protest against conservatism and capitalism. But the real popularity did not start until 1990 when the idea of reinventing the self, occurred. However, that is not the only reason the prevalence of the phenomenon has increased (Swami & Harris, 2012).

3. Sociological and Medical Considerations Regarding Tattoos

Body modification refers to procedures that are meant to change the body's appearance and it includes jewels, marking, hairstyling, cosmetics, cutting, piercing, scarification and tattooing (Myers, 1992). Otherwise, in a simpler version, body modification is an umbrella-term for the deliberate alteration of the human body without medical reasons; tattoos represent one of the most common forms of body art (Swami & Harris, 2012). The tattoo has shifted from a sign of social deviance or personality flaw (Tate & Shelton, 2008) to a non-stigmatized or even positive form of expression (Roberts, 2012).

Particularly, the young people were encouraged by the advanced procedures, faster healing, higher salaries and lower cost, pop culture and the constant prevalence of tattooed celebrities in mass-media, the fact that it doesn't reflect necessarily bad attitude anymore and the idea that the stereotypes expired (Greif, Hewitt, & Armstrong, 1999; Armstrong, Roberts, Owen, & Koch, 2004).

The number of people that got tattooed increased in the last decade. In the USA for example, 46% of the population has at least 1 tattoo (usually they have 3 or 4 per person); in Sweden, 47% and in Italy, 48%, these being the most "tattooed" countries (Dalia Research GmbH, 2018). However, we could not find the numbers for Romania but the collocation "tattoo fever" is often used in the streets and we can see more and more young people with tattoos, which led us to the conclusion that the phenomenon is very popular here as well.

Although the prevalence of this practice increased, a proper addressing of the HCV (Hepatitis C) and HBV (Hepatitis B) infection did not occur yet. We noticed that people don't know about the possible diseases or skin problems that they can get after getting tattooed and particularly in Romania, they don't even think they should know something about this.

The existing literature on this topic has made discoveries that contradict each other. The studies that mentioned tattooing do not have clear evidence to indicate tattoos as the main cause (Tohme & Holmberg, 2012). The blood-borne diseases have more causes and the literature that mentions these diseases has divided the risks of exposure to them into: 1) general population, 2) blood donors, 3) high-risk groups (sex workers, drug addicts, homeless people), 4) prisoners and 5) veterans.

A study conducted by Carney, Dhalla, Aytaman, Tenner and Francois (2013) had as sole purpose to find the association between HCV and tattooing. They tested 3,871 tattooed people without any history in traditional risk exposure (sex work, drugs, blood donation, homelessness, prisoners or veterans) in three centres from New York, USA. Out of these, 1930 were HCV positive and 95% of these showed a direct association with tattooing. In this study of almost 4000 people, it was found that tattooing can be associated in a

significant and independent way with HCV infection. The association persisted after excluding the subjects with traditional risk factors, as well as after the adjustment on age, sex and ethnicity. These discoveries have important implications considering the fact that the prevalence of tattooing is increasing in the USA and the intravenous drug use is on the decline. The same study signals towards the public health system as being ineffective and lacking information.

On the contrary, a study conducted by Urbanus, van den Hoek, Boonstra, van Houdt, de Bruijn, Heijman et al. (2011) discovered that people with multiple tattoos are not at increased risk of HBV or HCV in the Netherlands. In 1982, during an investigation of an HBV stakehold in Amsterdam that led to an infected tattoo artist, a lot of practices that put clients in danger had surfaced. As a result of the incident, the Dutch Tattoo Association developed together with the Amsterdam Public Health Service the first set of rules for the tattoo studios in Amsterdam. In 1990, these indications have been extended to the piercing and permanent make-up parlours as well. The study suggests that this might be the reason why the Dutch population is not at risk of HBV or HCV. The authors highlight how important it is to implement a hygiene manual in other countries.

Generally, the studies show that there are risks involved when ink tattooing caused infections, toxic effects, scars, burns, chronic irritations etc. According to a study funded by the Australian Government, it has been discovered that 1 out of 5 inks contains carcinogenic chemical substances (Slevin, 2016). These substances have been discovered in 85% of the black inks, which is by far the most popular colour for tattooing.

Apart from the possible problems caused by inks, there are the long-term effects, both medical and social and we believe that young people in particular should know what to expect when tattooing. Even though they bet on the idea that stereotypes expired, prejudice can and will occur and they need to be ready for possible exclusion from certain groups and lowering the chances of being hired. In Romania, young people that are getting tattooed have no information on this topic and unfortunately they are following trends that will be gone in one or two years. You can find 100 people with the same exact tattoo due to this "fever" that we have mentioned earlier. Considered by many a mark of the deviants, the tattoo has taken a drastic turn in the past years. Not being anymore a prerogative of the punk, lower-class people, gay and so on, tattooing has been taken up and practiced by the masses and middle-class people (DeMello, 1995; Irwin, 2001).

Even though the number of tattooed people increased on all social levels, it is still significantly more present in the lower class. Older people and people coming from upper economic and academic backgrounds tend to have a negative opinion about tattooed persons (Dickson, Dukes, Smith, & Strapko, 2014; Firmin, Tse, Foster, & Angelini, 2012). Before getting a tattoo, young people should take into consideration that it is very likely that their image in front of employers from certain domains will change and they will be perceived as less motivated, less religious and intellectual (Naude, Jordaan, & Bergh, 2017).

Psychological risks are as dangerous and present as the physical ones. After tattooing, people can feel disappointed by the result, which could lead to embarrassment, low self-esteem and unhappiness (Armstrong, Owen, Roberts, & Koch, 2002a, 2002b).

We believe that none of these possible risks should be omitted when discussing tattooing. Moreover, they should be prioritized and taken seriously both by the researchers and by the people who want a tattoo. By writing this article we hope to raise awareness on this matter.

4. Methodology

A number of 20 short semi-structured interviews, randomly picked were conducted in Brasov between October 2018 and January 2019. The participants were chosen as following: either from friends and acquaintances of the authors, or straight from the street or other public places.

The first step was the identification of the person that wears a visible tattoo. The second step was the presentation by the authors of the research intentions and receiving the agreement of participation from the tattooed person. Then, the interview took place and the participant's tattoo/s has/have been photographed.

It is important to mention at this point that we did not receive any participation refusal. On the contrary, our attention to one's tattoo, often accompanied by compliments ("I like your tattoo" or "I find your tattoo very interesting"), encouraged the participants to be receptive, open and willing to share "the story of their tattoo/tattoos". We requested the participants to give us a series of social-demographic data about themselves, more precisely: gender, age, social status, number of tattoos, age at first tattoo and location where they got the tattoo (studio or elsewhere). The structure of the group is represented in the graphs below (Figure 1); most of them are men, aged between 18 and 24; the majority of them are students, having one or two tattoos, and the age when most of them got their first tattoo is 18; also, most of them got tattooed in a specialized studio.

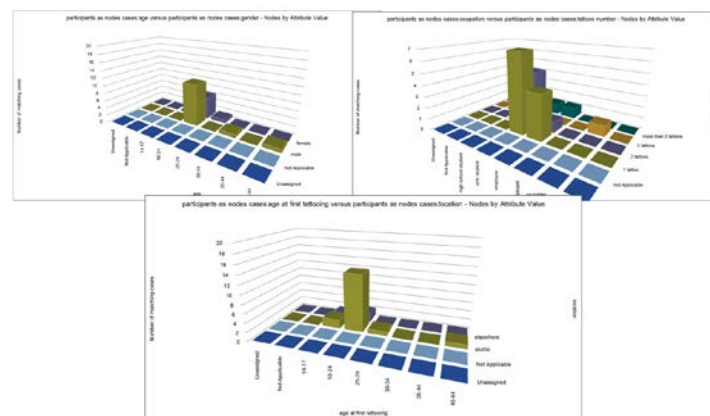


Fig. 1. *Structure of participants sample*

The interviews either were recorded with a smart phone or, in order to make the participants feel more secure, we took notes while the participant was giving

explanations. In the end, we photographed the tattoo/tattoos. In some cases, the participants sent themselves photos with their tattoos through social media.

We transcribed the verbal data in Word and introduced and processed them in NVivo11 program. We used the techniques of open, selective and axial coding (Scârnci, 2007). The photos were introduced as well in this program and we made classifications of the visual data according to the tattoos' theme.

5. Main Results

What participants say about their motivation? The analysis of their answers emphasizes eight types of motives for getting tattooed, as they are represented in the matrix from the figure below (Figure 2): 1) Beliefs, ideologies; 2) Aesthetic reasons; 3) Strengthening their identity; 4) Strengthening social ties; 5) Tribute to social models; 6) Curiosity; 7) Loss of a loved one and 8) Emotional support.



Fig. 2. *Reasons for getting tattooed*

Most of the respondents said that they got tattooed to express their faith in a religious or ideological system, because they simply liked the image or because it reminded them constantly about someone very close to them or a person that is a role model. Others, fewer, declared that they got tattooed out of curiosity, to honour someone's memory or to remind themselves that they can overcome certain obstacles of their personality or even win a competition of tattoos.

What are the tattoos themes? Although initially the variety of tattoos seemed very wide, we grouped the tattoos' themes into four main categories: 1) Symbols that they like; 2) Personal identity; 3) Relationship (family or friends) and 4) Cultural, religious or ideological themes. For each of these categories we will show a few illustrations (see figures 3-6), with the explanations offered by the participants, to show that the tattoos represent a way to express one's personal identity.

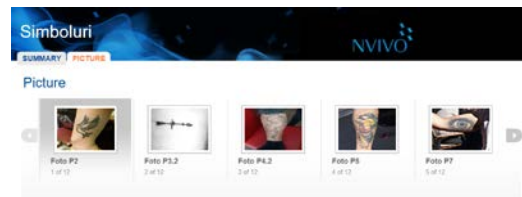


Fig. 3. Symbols that tattooed people like

I chose the dove as a symbol of freedom. I am an introverted person; I gather and keep for myself the disturbing things and problems and the dove reminds me that it is good to set myself free” (female); “My tattoo represents an arrow with a diamond on top and with the symbol of the pulse. The arrow, in combination with the pulse means: I live, I learn and I try to overcome my condition. (female)

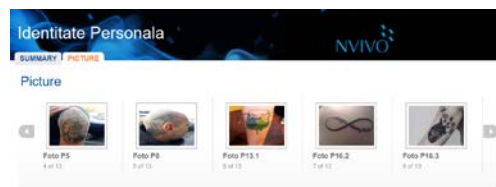


Fig. 4. Personal identity

It is a watch that shows the hour I was born at and for me it’s very important. (male); The tattoo has a meaning for me: the typing machine – because I love to write. (female)



Fig. 5. Relationship (family or friends)

On my left hand I got tattooed the initials of my grandparents that raised me, to feel them closer and to have a connection with my heart. (female); I got my mom’s birthday tattooed. (male)



Fig. 6. Cultural, religious or ideological themes

On the hand I got a tibial hindu theme tattooed; on my neck I have God's name in Hebrew. (male); The four letters (A.C.A.B.) are the abbreviation from All Cops Are Bastards, a motto often used by the political Left (male).

What are the participants' perceptions of the risks of contracting an illness? We identified five main categories of perception (see the table below)

Categories of perception of health risks by getting tattooed Table 1

Category	Number of respondents
<i>I heard about diseases generally, but it won't happen to me</i>	10
<i>I consider that there is no risk</i>	3
<i>I knew there were diseases as a result of getting tattooed: HIV, Hepatitis</i>	3
<i>I didn't think of illness at all</i>	2
<i>I knew nothing about diseases</i>	2

Generally speaking, the respondents consider that there are no risks of contracting an illness because the studios respect the necessary hygiene rules; most of them said that they heard about these risks in general terms but "it couldn't happen to them" because they chose to get tattooed in places considered as being safe; only three participants could name a disease that can be transmitted through tattooing (HIV and Hepatitis), and four participants either had never thought about the risks, or they did not know at all that these diseases even existed at the moment of their first tattoo. Women seem to be more informed and more cautious when it comes to these risks.

What gives the participants the feeling of safety in tattooing? In most cases, when the respondents talked about elements of trust, they said that the tattoo was made suitably and it will not cause any problems. We identified in their answers five categories of such *elements of trust* (see Table 2).

What gives trust when tattooing Table 2

Category	Number of respondents
<i>Unsealing the needles in front of me</i>	6
<i>Authorized studios with a good reputation (internet, personal networks)</i>	4
<i>The tattoo artist is a friend</i>	3
<i>The experience of the tattoo artist</i>	2
<i>A studio in a big city (like Bucharest or Brasov) rather than in a smaller one</i>	2

Therefore, the best method to gain trust that the tattoo is made safely is, in the participants' perception, the unsealing of the needles in front of their eyes. Other factors such as: the reputation of the artist and his studio, how much one knows him (*he is my friend*) or the studio being placed in a big city, are important as well in convincing

clients that there is no health risk in getting a tattoo. Otherwise, the most frequent words in the NVivo node “perceptions of getting sick” is *needles* (see Figure 8).



Fig. 8. Most frequent words in the NVivo node “perceptions about getting sick”

In general, in the discourse of the participants to our research, the risk of getting sick regards the others: 7 participants spoke about the others’ health problems.

I have friends who got infected, because the needles were re-used. (male)

They had their tattoos made in unhygienic conditions or did not respect the instructions from the studio. (male)

It is a pity that there are no informative campaigns in the context in which tattoos have spread widely among people. (female)

6. Conclusions

The research we conducted in Brasov is the first one of this type in Romania and the results could offer relevant information for building hypotheses for the extent of the phenomenon, its motivations, as well as the perception of health risks of getting tattooed.

There are important socio-psychological reasons why the individuals choose to be part of the tattoo subculture (Armstrong et al., 2004). The results of the explorative research highlight a few categories that are in agreement with the ones presented in the relevant literature, most studies being conducted on students in the USA (Armstrong et al., 2002a, Armstrong et al., 2002b, Naude et al., 2017).

We found that many of the participants in our study are getting tattooed to express themselves, to be unique and to get a taste of independence. The youngsters feel like their will is suppressed in their parents’ house so this act is for them the fulfilment of their need for autonomy. Others brought up the motive of commemoration of special events, persons or places. Some even go as far as using the tattoo as a proof of dedication in a romantic relationship (dates, names, portraits etc.).

Armstrong et al. (2002b) found that there are a lot of people who get tattooed to change their image or to influence others’ opinions about them. They believe that they are perceived as being sexier, more mature or tough and they are taken more seriously. Because it is attractive and adventurous they can get easier access to certain groups of people and they can receive respect from others. This kind of perception is strongly supported by the mass-media and the tattooed celebrities that pose as independent, powerful and desirable (Firmin, Tse, Foster, & Angelini 2008).

Another strong motivation is religion. People use tattoos as a symbol of religious commitment, although this is at the same time the reason why a lot of people do not get tattooed.

Tattoos could be as well the result of drug and alcohol addiction or even tattooing addiction (Wohlarb, Stahl, Rammsayer, & Kappeler, 2007). A large part of the tattooed individuals admitted that once they got their first tattoo, it was very easy to get the second one and so on. The collocation *tattoo addict* can be found in the urban language.

The tattoo themes have a wide variety, the main categories being: personal identity, belonging to a group or culture and the aesthetic themes.

With respect to the perception of health risks, our research launches the hypothesis of a profound lack of information related to the diseases that could be contracted through tattooing, as well as of the trusting attitude that occurs if the tattoo artist respects some hygiene rules, removing the fear of getting sick. Instead of focusing on safety, they look for that “familiar artist” without questioning at all the implications. They don’t do research on the topic, and if they do, it is superficial and limited to the sterilization of the needles.

A study from Netherlands (Urbanus et al., 2011) shows that there is no risk of blood-transmitted diseases in Holland and Denmark but points out that this has to do with the health and hygiene policies implemented in these countries. The study highlights the need for such systems in other countries, to prevent the infection, and so are we trying to do the same through our study.

The general perception of the participants is that tattooing is not associated with illness risk, in other words the perceived risk is not significant. The feeling of safety is given by some procedures that are respected in tattooing studios (authorization, sterilization) as well as the social recognition of the tattoo artist.

No participant said something about the ink. Based on the information we have received from the Direction of Public Health from Brasov, the pigments that are used in tattooing could cause health problems, but none of our participants addressed this topic, which makes us formulate the hypothesis of lacking information on this problem in public communication.

As main limitation, the explorative character and the qualitative approach of our research do not allow us to make generalizations based on the data we collected, but only to suggest information systematized through analysis and interpretation of the qualitative data, useful though for building scientific hypotheses (Brancati, 2018).

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