PARTNER VIOLENCE PSYCHOLOGICAL DISTRESS, BODY IMAGE PERCEPTION IN FEMALE SEX WORKERS

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Abstract

The Present study aimed to investigate the relationship between partner violence, psychological distress and body image perception in female sex workers. Sample of the study consisted of (N=60) female sex worker with the age range of 18-40 years of age. Data was collected from different areas of east and central Lahore. Severity of violence against women scale 46 items Marshall, (1997), Kessler psychological distress scale (Kessler, 2002) 10 items and body esteem scale Revised (Franzoi & Shield, 2013) were used to measure study variables. Statistical data was analyzed by using SPPS. Statistical analysis included correlation, regression analysis, t test and one way Anova analysis. Significant relationship was found between partner violence and psychological distress whereas partner violence was the significant predictor of psychological distress.56 out of 60 female sex workers were clinically distress. Body image perception was not significantly correlated with partner violence whereas body image perception was significantly high in female sex worker. There was significant negative relationship between body image perception and psychological distress. Income of sex workers was significantly correlated with psychological distress. Age and duration of the profession significantly related with violence and psychological distress. Findings suggest a need to address the issues attached to sex work and the forms of violence they face from their intimate partners.

Key words; female sex worker, partner violence, body image perception,

Introduction

Sex work is taboo in Pakistan culture that exist as an open secret. According to the Hadood Ordinance Sex work is illegal in Pakistan but generally going on under the cover of performing art. Female Sex workers are being subjected to exploitation by police, pimps, clients and community leaders because of its illegal status. Therefore these groups are involved as target audience of violence, HIV and several mental health issues such as anxiety,

depression, PTSD, drug addiction and poor body image perception in terms of low body esteem.

Female sex workers who are working as street sex workers experienced diverse difficulties such as homelessness, low socioeconomic status, confinement, drug abuse alcohol, crack, cocaine, poor body image experiences, depression, anxiety furthermore sex workers were frequently exposed to high levels of violence mostly physical and sexual violence (Bartlett, October 2014).

Definition of Prostitution and Sex Work

The term sex work reflects the legality of providing sexual services for economic compensation and it is frequently used to refer towards voluntary employment.

The term sex worker refer to all adults who sell or exchange sex for money, possessions and facilities. It refers to all people who trade or exchange sex even if they do not identify themselves as sex workers or consider the activity to be work. Consenting female, male, and transgender who receive money and belongings in exchange for sexual services, either regularly or occasionally also termed sex workers (Ramesh, 2008).

Categories of sex workers

There could be two different types of women in sex industry, i.e. voluntarily and involuntarily (UNESCO, 2002).

The voluntary sex workers. The voluntarily sex workers included women who choose sex work by her will and they are well aware about the profession. Sex work has been passed down in families of few sex worker from generations besides this females join this profession for certain reasons as poverty, severe economic crisis, by family pressure, illness of husband, as well all parents, and in case of divorced and death of the partner, (Wawer, 1996). Researches revealed that economic motives are the chief cause for a women to involve into sex work (Blanchard, 2005).

Involuntarily sex worker. Were those women who entered into sex industry forcefully such as through abduction, trafficking pressurised from family as well as these females were deceived by their families and lovers.

Bindel et al., (2012) found that 39% of prostitutes had no formal education. Though prices for sex work are also based as per sex workers' educational level but this did not occur typically as the chief necessity of the client is to have sex so all that interfere the sex workers to find a mainstream source of income. Un-educated teenage girls exposed to harmful societal aspects as they potentially prone to sexual abusers and pimps and often turns out to be imprudent as they view them as unprotected targets, (Nakala, 2014).

The domain of psychological factors explain distressing childhood experiences markedly sexual abuse as well as verbal and physical abuse during childhood have negative consequences on mental health of sex worker throughout life (Bindle et al. 2012).These psychological problems can interfere social relationships, leads to social exclusion and increases the vulnerability to expose into sex work. Moreover Lack of emotional support, care and affection from family is also an important factor. These women have lack of family support, so they rely heavily on peers support during times of despair which further creates a friendly attachment between them. For protecting one another in sex work these women often travel collectively in a group, (Qayum, 2013). Therefore the critical influence of family support extends from their first experience in sex work to their decision to detach from sex work.

Social factors include lack of family support both financial and emotional support plays an important role as determinant of sex work. There are many social and societal factors like need of money to support their elderly parents, absence of a male earner in case of death of husband, divorced or addicted husband moreover children's education, buying a

residence, daughters' marriages and a generally large family are all cited as family related motives for entering into sex work (Qayum, 2013).

Sex work in Pakistan

Sex work is a profession of providing sexual services to somebody for profit of money. Sex industry is internationally progressing particularly in sub-continent such as India and Pakistan as these countries are the more vulnerable states. In India sex work is planned and an open secret (Dandona et al., 2006). Yet in Pakistan sex work was originated in historic red light area of Lahore, Faisalabad, Rawalpindi, Karachi and Multan. According to World Bank report it is estimated that approximately 26,000 women are working as sex worker in four concentrated areas of Lahore, Pakistan (World Bank, 2006).

Sex work is not allowed culturally in Pakistan but as a profession it is at its peak in current culture. According to ANLAAP Indian NGO Karachi is notorious for receiving a million Bangladeshi and more than 200,000 Burmese female sex workers (Naqvi, 2005). National arrest estimates that approximately 36,605 adults arrested who are sex worker and 2009 reported in which almost 30% were male and 70% female (Federal Bureau of Investigation, 2010).

Partner violence

"Partner violence is definite or threatened physical, sexual, psychological violence by current or former partners against the same or opposite sex".

Psychological problems subsequent experience to violence included PTSD, other anxiety disorders, depression, substance abuse and suicidality, loss of appetite, feelings of inferiority and reduced satisfaction in life (Loke et al., 2012).

Psychoanalytical Perspective

Psychoanalytical perspective was originated by Freud in eighteenth century. Psychoanalytical perspective deals with unconscious forces and defence mechanism that one uses while anxious or frustrated. The type of defence mechanism that someone is using has a strong influence on his behavioural pattern and reactions specifically in stressful moments. (Benjamin, 2009)

Psychological distress

Psychological distress is defined as distress in which person experience anxiety and distress such as nervousness, sadness, restlessness, hopelessness, and worthlessness (Kessler, 2002).

Psychosocial model of stress and distress

According to psychosocial model of stress and distress there are three major reasons for experiencing stress and distress such as personal resources, stressors and socio culture factors

Firstly, personal resources such a high tolerance and self-esteem are linked to psychological distress. Tolerance is general orientation towards the commitment with oneself, challenges and self-control. People with high tolerance are more likely to see life as meaningful and show more motivation in their work or other commitments. They believe that they are capable of thinking about the opportunities in life and they believe that opportunity for growth and development is change rather than threat (soder storm, Dolbier, & Leiferman, 2000). In addition to the tolerance self-esteem, self-worth and self-acceptance which is the key of success in life (Skodol, 2001) and people with low level of self-esteem more likely to experience psychological distress (Hovey& Magana, 2002)".

Secondly, Apart from these psychological distress is also caused by unfair treatment of intimate partner and others. Thirdly, sociocultural factors such as individual's social status with respect to gender age and socioeconomic status influence the psychological health of people. In most of the male dominate societies people who belonged to certain valued class

are more likely to experience psychological distress (Mills, & Henretta. 2001; Winniw, Chen, Wong & Zane, 2005).

Stress- distress model

Horwitz, 2007 & Rinder, (2004) explains that psychological distress is a normal emotional reaction to a stressor. In an individual's life exposure to stressful life events and inability to cope efficiently with these stressors threatened the physical and mental health of a person such as psychological distress. Around the world somatic symptoms are the common expression of psychological distress but somatic symptoms linked with psychological distress vary across different cultures, (kirmayer, 1989).

Body Image Perception

Body image generally refers that how someone perceive their body and the subsequent feelings about that perception. Body image can significantly affect emotions, thoughts, behaviour, and sometime relationships in everyday life (Pruzinsky & Cash, 2002).

1.12. Literature Review

The present research aimed to find the relationship between partner violence, psychological distress and body image perception in female sex worker. Sex work is a sensitive area that is not studied independently and yet has little studies in current culture.

Sex workers were subjected to various stigmatising forces in their daily lives in their interaction with public, police and their families (Miller & Schwartz 1995). In this regard Wing, Holroyd & Binghan (2010) conducted a study on sex work as a stigma to understand the interaction of female sex workers that female sex workers deserve to be raped, and all sex workers are same similarly study explored the impact of sex work on sex worker's life. Qualitative data was collected from 49 female sex workers between September 2004 and May 2005. Study finding suggests that sex workers have negative impact on their health due physical or verbal Abuse moreover sex work engendered vulnerability which bound the sex workers to hide their identities and extract themselves from social networks. These action lead them toward angry feeling and they hurt by negative community responses, many did not appear to accept the labels that others placed on them.

A study conducted by Bindle et al. (2012) on the factors associated with sex worker study finding suggested that 72% of sex workers were reported certain factors i.e. socioeconomic crisis, migration issues, begin alone in society, husband drug addiction habit, husband death and child abuse, moreover sex workers reported highest verbal, sexual and physical abuse during childhood all these factors contribute to initiate into sex industry.

A study conducted by Moen, J (2012) on the street base sex workers to identify the factors that forced a women into street base sex work. Study finding revealed that girls who left their homes due to any underlying cause including home-based violence and neglected behaviour of family, poor financial condition were supposed to be 'street hood'. Freedom in the streets goes hand-in-hand with the necessity to afford their own basic needs which they cannot attain through any other resource so resultant they involve into street base sex work.

Violence is more common in female sex worker's life that are vulnerable to adverse physical and mental health outcomes. Female sex workers experiences of violence cannot be understood separately from the stigma rooted in sex work (Argenton et al., 2014). Bartlett, and Boonzaier (2014) conducted a study to determine the subjective experiences of intimate partner violence in a way in which sex workers interpret and create meanings related to their experiences of partner violence. A total sample of 11 female sex workers were interviewed through unstructured and open ended face to face interview. The findings indicated that the sex worker had been subject to significant violence where the male partners of these sex workers justifying the violence directed towards them because they can see them in the context of having lack of power and marginalised women

Working in a profession where sex trading is vital, cause tendency of psychological distress and numerous mental health problem, Bassel, E, L., Schilling, R., Gilbert, (2011) conducted a study to explore the relationship between sex trading and psychological distress. 477 sex workers were surveyed by using psychometric instruments. Result of the study revealed that Sex workers scored significantly higher than non sex workers on the psychological distress

A study was conducted by Schoenbach, Haung, Lee, Miller, & Pence, (2014) to explore the relationship of Sexual satisfaction and psychological distress with self-rated sexual attractiveness in female sex workers .Study results explored that there is significant impact of the mental health on self-rated sexual attractiveness. Awareness about one's sexual attractiveness relate to sexual wellbeing and psychological health will present opportunities for improving quality of life in sex industry.

A study was conducted by Davidson, Sarah, (2015) with the purpose to examine the effect of violence on body image of the females. The purpose of the study was to assess the Partner violence, Sexual violence, self-esteem related to body image. Finding of the study suggested that partner violence and sexual violence contribute to the women's body shame. Result explored that partner violence specifically sexual violence developed the feeling of shame in females because their partners worth their bodies as a sexual objective not in terms of physical attractiveness and beauty.

Age of the female sex workers strongly linked to their income, in this regard Douglas, D, T (2013) conducted a study to examine the link between sex workers age and her income. Study also explored that how a sex workers age influence her job the study was conducted in 15 cities of Indonesia. Results of the study concluded that for each increase of a year in an age, sex workers hourly wage decreases, sex workers between the ages of 35 to 40 earned less per hour then sex workers under 18.

A study was conducted by Daniali, Azadbakht, & Mostafavi, (2013) on relationship between ideal bodies with self-esteem. The study was conducted in Iran July 2013. Purpose of the study was to explore the relationship of body with self-esteem. Study finding revealed that female sex workers identification in society tied and appreciated by ideal body image. When they feel that their appearance is going to change from her ideal appearance they feel down and have lower self-esteem,

Pakistan has huge and diverse populations of female sex workers with substantial geographical aspect. A study was conducted in Pakistan by Emmanuel, Thompson & Athar, et al., (2017) to understand the trends of sex work in Pakistan, moreover to describe the social organisation and essential patterns of sex work in different geographical areas of Pakistan. Result findings underline the widespread of sex work in Pakistan, which is growing and scattering out of the traditional places. Two major typologies of female sex workers were identified establishment-based and no establishment- based. Female sex workers were further subtyped into 6 categories those working through brothels, home base sex work as. A few other typologies of sex worker included hotel base female sex workers, massage parlour based female sex workers and beggars.

Rational of the study

The purpose of the study is also to see the relationship between partner violence, psychological distress and body image perception as body esteem in female sex workers with respect to different demographic variables e.g. age, education, marital status, duration of profession etc. By knowing the degree of partner violence and its relation with psychological distress and body image perception will be helpful in policing and developing an effective psychological management plan for these females.

Objectives:

- To investigate the effect of partner violence on mental health of female sex workers
- To determine the level of psychological distress in female sex workers.
- To explore the relationship between partner violence and psychological distress.
- To compare the severity of violence between intimate partner and commercial partner.
- To investigate the perception of body image (body esteem) because body image is paramount for them.
- To investigate the age factor on body image perfection of female sex workers.
- To investigate the effect of psychological distress on the body image of female sex workers.

Hypothesis

- There will be a significant relationship between partner violence and psychological distress in female sex workers.
- There will be significant negative relationship between psychological distress and body image perception in female sex worker.
- Partner violence and body image perception will be a significant predictor of psychological distress in female sex workers.
- The level of psychological distress will be high in female sex workers
- The level of body image perception will be low in female sex workers.
- The age of female sex worker will be significantly related to partner violence
- Sexual violence will be significantly high in young female sex worker
- Physical violence will be significantly high among middle age female sex workers.
- There will be high physical violence in married female sex worker
- There will be a significant relationship between monthly income and psychological distress of female sex worker
- Body image perception will be lower in female sex worker who are living alone
- There is a significant mean difference between partner violence and duration of the profession in female sex worker.

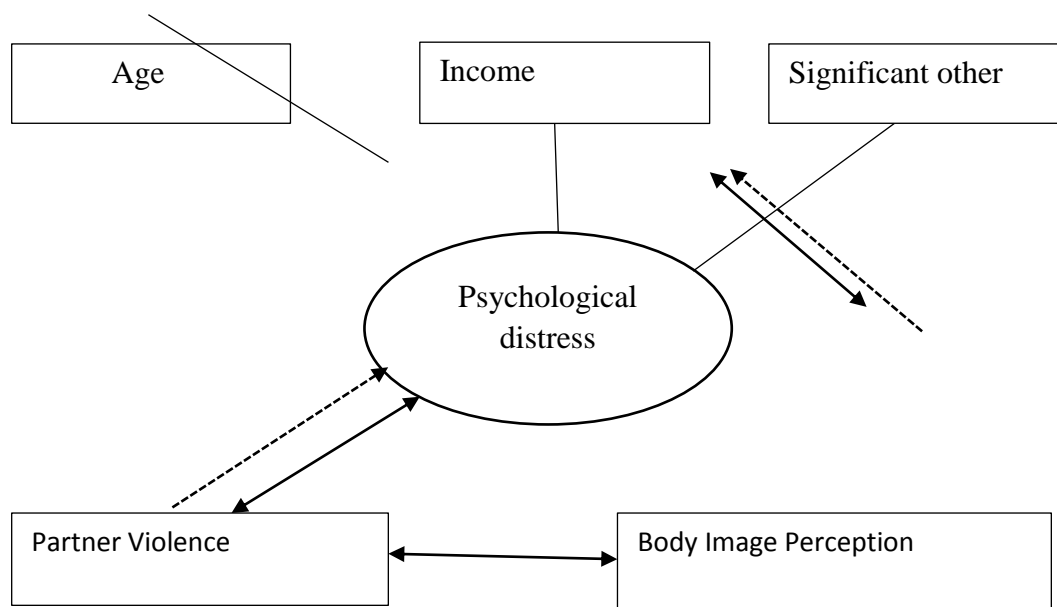**Figure 1.1.** Proposed Model of the Present Study

Figure 1.1 Proposed model show the relationship and prediction of study variables. In this figure, the line with double headed arrow represent correlation while lines with light single shaded arrow head represents prediction.

Methodology

The present study was conducted with the aim to explore relationship between partner violence, psychological distress and body image perception in female sex workers. The research comprised of 2 phases. In phase 1 the severity of violence against women scale was translated into Urdu by experts. Psychometric properties of the scale were explored. Severity of violence against women scale was in English language. Scale was translated into Urdu language so that it will be understandable for target population. Main study was conducted in Phase 2.

2.1. Phase 1

2.1.1. Translation of the scale

Severity of violence against women scale was translated by following the four steps. Mapi guidelines (MAPI linguistic validation Boucher, 2013) approach was used in scale translation

Step 1. Forward translation

Forward translation is a term to refer to the process of translating the original scale into the target language (Antunes et al., 2012). First of all the original scales were given to 3 bilingual with the purpose of adequate understanding of the construct being measured from English to Urdu. Scale was translated from expertise either they did M. Phil/M.S or PhD in clinical Psychology. Sentence structure were consider important by keeping in mind that sentence sense should not be disturbed. Cultural context should also be considered. After getting three independent translation, they were merged into one by committee review

Step 2 Backward translation

Backward translation is the process of translating the target language version back to English. In the second step the acquired Urdu version is translated backward into English language. The three translations were compared to reconcile into single translation in Urdu. Third step constituted back translation into Urdu questionnaire (Urdu to English). Finally the forth step the English translation were compared with the original scales to look for any significant changes in the sentence structure and wording.

Step 3 Forward and backward translation review

Both forward and backward translation were reviewed to get final Urdu translation version of severity of violence against women scale. Both were matched to ensure that sense of items was same across English and Urdu languages translation was reviewed by three bilingual experts. Finally scale was finalized after reviewing three bilingual experts.

Phase II

Phase II of the study consist of main study. Urdu translated version of scales was used in main study.

Sample

The data was collected through snow ball sampling technique. The sample of 60 female sex workers with age range of 18-40 were included in the study. The participant (n=60) were taken from different areas of Lahore city, i.e. Red light area near Badshahi Masjid, Shahi qila, Wapda town, Model town, Muslim town, Sectriate area and Shahdra. The frequency and percentage indicated that majority of the participants were between the age range of 26-30, divorced, uneducated, belonged to poor family and financially supporting their families.

Inclusion Criteria

Individual who meet the following criteria included in the study

- The participants between the age ranges of 18-40 years included in present study.
- Participants who are working as sex workers at least for 1 year were included.
- Participants who are street sex workers were included.
- Participants who are doing job as sex worker in commercial area also included in present study.
- Participants who are living in Red Light areas were also included in study.

2.3.2. Exclusion Criteria

- The participant with any psychological diagnosis will be excluded.
- The participant with any serious physical illness will be excluded.
- Participants with below 18 year and above 40 year of age will not add in study.

Research Instruments

Severity of Violence against Women scale. (Marshall, L, 1992).

Severity of violence against women scale was used to evaluate the severity of male violence against women. Females reported abuse with an intimate partner or dating partner. The scale consist of 46-item with 3 subscales that measure 2 major dimensions (threats and actual violence).

Kessler Psychological Distress Scale (Kessler, 2002).

It is a simple and brief tool to measure psychological distress. The scale was used to measure psychological distress in female sex workers. It is consisted of 10 items and each item consist of a point a 5 point Likert scale ranging from (1) strongly agree (2) agree (3) neutral (4) disagree (5) strongly disagree. Translated Urdu version of the tool is used in the present study.

The Body Esteem Scale (Franzoi & Shields, 1984)

The Body Esteem Scale by Franzoi and Shields (1984) is a popular scale. Body esteem (be) refers to self-evaluations of one's body or appearance. Questionnaire use for both adolescents and adults.

Procedure

For the present research, firstly permission to use all scale were taken from authors of original tools and author of their Urdu translated version. Demographic sheet was devised according to the inclusion and exclusion criteria to gather information from participants and Ethical approval was obtained.

Pilot study. After all the initial steps a pilot study was conducted on 15 female sex workers to check their comprehension and to get detailed responses from the participants. Pilot study was conducted with the purpose to check if there were any difficulties while administering the questionnaire so that necessary changes were made afterward for main study.

Main study. After completing the pilot study, main study was conducted with female sex workers (n=60). Female sex workers were approached from different areas of Lahore through snow ball sampling due to the sensitivity of study.

Results

The aim of the study was to find the relationship between partner violence, psychological distress and body image perception in female sex workers. This chapter focuses on the findings of the present research. Appropriate statistical analyses were carried out to test the hypothesis in the line with objectives of the study. This chapter consist of three sections. First section presents the descriptive statistics of the demographics. Cronbach's alpha is presented in section two to explain the internal consistency of the measuring instrument. Section three presents the Statistical analysis include t test, Pearson moment correlation analysis, one way Anova and regression analysis.

Section I
Demographic Characteristics
Table 3.1
Frequency and percentage of demographics characteristics of Sample (N=60)

Variables	f	%
Age (18-40)		
18-25	18	30.0
26-30	19	31.7
31-35	10	16.7
36-40	13	21.7
(Continued)	f	%
Variables		
Education		
Uneducated	21	35.0
Primary-middle	22	36.7
Metric	15	25.0
Intermediate	2	3.3
Graduation	0	0%
Income		
20,000-40,000	10	16.7
41,000-60,000	25	41.7
61,000-80,000	12	20.0
81,000-100000	13	21.7
Marital Status		
Unmarried	24	40.0
Widow	2	3.3
Divorced	18	30.0
Married	16	26.7
Financially supporting family		
Yes	36	60.0
No	24	40.0

Reason to join profession		
Poverty(low socio-economic background)	54	90.0
Profession run in family	1	1.7
Deceived from lover/Family	2	3.3
Unemployment	3	5.0
Duration		
1-5 year	23	38.3
6-10 year	33	55.0
11-15 year	4	6.7
16-20 year	0	0%
Current Residence		
Family (Parental)	31	51.7
Husband	12	20.0
Friend (male)	9	15.0
Independent	8	13.3%

Note. f = frequency, % = Percentage.

Table 3.1 showed the demographic characteristics of the sample. A sample of (n=60) female sex workers were taken from different areas of east and central Lahore with age range of 18-40 year. Age of the participants were divided into 4 categories as 18-25 years of age were 30% participants, age range between 26-30 were 31%, 31-35 were 16% and age ranges of 36-40 were 21.7%. Among the overall sample 35% female sex workers were uneducated, 36 studied till middle, 3 % had college education till intermediate while 25% did matric.

The frequency and percentage of income ranges from 20,000 to 10000 as 16 % earn 20,000-40,000 per month 41.7% earned 41,000 to 60,000 per month, 12 % earned 61,000-80,000 while 13% earned from 81,000 till 100000. The percentage of unmarried and divorced is high as 30, 40%, while 26% are married and only 3 % widows. 60 % female sex workers were financially supporting their families while 40% are not supporting their families. At about 54% belong to poor and low socioeconomic background. 33% female sex workers were in this profession since 6-10 years while 23% were from 1-5 years in this profession. 31% were living in parents' home with their families, 20% were living with their husbands, while 15 % were living with their male friends, 8 % living independent in hotels, hostels, or in rented separate houses with other sex workers.

Section II
Internal consistency
Table 3.2
Cronbach's alpha of the total severity of violence against women scale, its subscales, psychological distress scale and Body esteem scale. (N=60)

	a	k
SVAW	.93	46
Physical Violence	.896	6

Symbolic violence	.861	19
Sexual violence	.674	21
K10	.617	10
BES-R	.635	28

Note. SVAW=Severity of Violence against women scale, K10= Kessler Psychological distress scale, BES-R= body esteem scale revised.

In Table 3.2 the Cronbach's alpha reliability index of severity of violence against women scale was 0.93 and its subscales; Physical violence, and symbolic violence was found to be 0.89, 0.86 respectively which depicted high internal consistency of the tool for present study, while the reliability of sexual violence sub-scale was a =.67 which showed that tool was consistent for present study. The Cronbach's alpha reliability index of Kessler psychological distress scale was found to be satisfactory a=.61 for present study. The reliability of BES-R was .63 which was found satisfactory for present study.

Section III

Table 3.3:

Inter-correlation of Partner violence, Psychological distress and body image perception in female sex workers (N=60).

Variables	1	2	3	4	5	6	7	8	9
1-PV	-	.943**	.927**	.646**	.527**	.197	.074	.006	.342**
2.Phy-V		-	.787**	.514**	.478**	.256*	.129	.060	.367**
3.Symbl-V			-	.485**	.508**	.158	.057	.008	.298*
4-Sexual-V				-	.346**	-.015	-.095	-.163	.137
5-P-Distress					-	-.260*	-.205	-.269*	-.020
6-BIP						-	.632**	.709**	.718**
7.BI-PHY							-	.226	.352**
8.BI-Sex								-	.177
9.BI-Wt									-

Note *$p < 0.01$, **$p < 0.05$, PV= partner violence, PHY-V= Physical violence, Symb-V= symbolic violence, P-Distress= Psychological distress, BIP= Body image perception. BI-PHY= body image perception related to physical condition, BI-Sex=body image sexual attractiveness, BI-wt. = body image -weight concern

In Table 3.3 result of Pearson product moment correlation revealed the significant positive relationship r = .527** between partner violence and psychological distress which verified the hypothesis that with increase of partner violence psychological distress will increase and vice-versa, hence there is also a significant positive relationship between partner violence and body image perception related to weight concern r =.342**. Physical violence is positively correlated with psychological distress r =.478** that indicated that in order to increase physical violence psychological distress will significantly high and vice versa. It is also evident from results that physical violence and symbolic is significantly related with body image perception and body image related to weight concern which proved that as the physical violence and symbolic violence will be high female sex workers will highly concerned related to their body weight. Result revealed a significant negative relationship

between psychological distress and body image perception, body image perception related to physical condition among female sex workers, hence it proved that as psychological distress will be high the body image perception in terms of body esteem will be low and with the low body image perception psychological distress will increase.

Table 3.4

Partner violence and body image perception as a predictor of psychological distress in female sex workers (N=60)

	Model 1B	*B*	95 % CI
			Psychological distress
Constant	24.26		(21.19, 27.45)
Partner violence	.078	.527***	(31.07, 49.44)
R²	.278		
F	22.30**		
ΔR²	.265		
ΔF	20.22		

Note. ** *p*<.001. CI = confidence interval. N = 60

Multiple Linear Regression analysis was carried out to find the predictors of psychological distress. Model revealed that partner violence was significant predictor of psychological distress whereas body image perception was excluded. Table indicated that partner violence is a significant predictor [(F (1, 58) = 22.30, *p*<.000)] of psychological distress. The result accounts 27% variance (R² .278) in predicting psychological distress. It is evident from results that psychological distress is a strong predictor of partner violence which means that female sex workers experience high psychological distress due to partner violence.

Table 3.5

Mean, standard deviation, frequency and percentage of clinical significant and clinical non-significant psychological distress in female sex workers. (N=60)

Variables	M	SD	*f*	%
Psychological distress	90.19	41.50		
Clinically significant			56	93.3%
Clinically non-significant			4	6.7%

Note. M= mean, SD= standard deviation, *f*=frequency, %= percentage.

Result of mean value, frequency and percentage depicted that there is significant difference between clinically significant psychological distress and clinically non-significant Psychological distress. The frequency and percentage of clinically significant psychological distress in female sex workers is (56, 93.3%) while frequency and percentage of clinically non-significant psychological distress in sex workers is (4, 6.7%). The results depicted that psychological distress is significantly high in female sex workers.

Table 3.6

Mean difference, standard deviation, frequency and percentage of Body esteem, subscales as weight concern, sexual attractiveness, and physical condition

Variables	M	SD	*f*	%
BES	77.65	8.71		
BE-Sexual	24.41	4.10		
High body esteem			3	5%
Low body esteem			57	95%
BE-weight	21.66	3.98		
High body esteem			20	33.3%
Low body esteem			40	66.6%
BE-Physical	17.7	2.07		
High body esteem			12	20%
Low body esteem			48	80%

Note. M= mean, SD= standard deviation, *f*= frequency, %= percentage, BES= body esteem scale, BE-sexual= body esteem sexual, BE-weight= body esteem weight concern, BE-Physical=body esteem physical condition,

The result of mean differences, frequencies and percentage of body esteem scale and sub scale depicted that there is significant mean difference of body image perception among female sex workers, (M= 77.65, SD= 8.71). Results revealed that body esteem related to sexual attractiveness was significantly low *f* =57, 95% and Body esteem related to weight concern was also low as *f*=40,66.6%, body esteem related to physical condition of female sex workers was also low *f* =48, 80%. The results depicted body image perception was low in female sex workers but body image perception related to sexual attractiveness was relatively low in link with other subscale.

Table 3.7

One way Anova to explore the differences between age range and partner violence, including sexual violence, physical violence, and symbolic violence of female sex workers N=60

Variables	F(59)	*p*	18-25 (N=18)		26-30 N=19)		31-35 N=10		36-40 N=13	
			M	SD	M	SD	M	SD	M	SD
Partner violence	3.00	.038	71.11	37.3	86.05	30.09	92.60	24.9	105.84	33.4
Sexual violence	2.44	.073	11.8	4.82	15.26	4.94	17.30	6.41	15.46	6.70
Physical violence	1.71	.174	30.22	20.7	34.63	14.03	38.40	13.14	43.61	16.6
Symbolic violence			3.84	.014	29.05	15.29	36.15	15.19		
			36.90	12.18	46.76	13.07				

- Note **p<.05,*p<.01, *df* =56

Result of one way Anova revealed that partner violence was overall significantly high in female sex worker F (3, 56) =3.00, p < .05, but significant mean difference was

(M=105, SD=33.48) between 36-40 year of age / middle adulthood hence it proved the hypothesis there is significant mean difference in the age range of female sex workers and partner violence.. Results also revealed that sexual violence is high between the age ranges of 31-35 year among female sex workers (M=17.30, SD=6.41) it rejected the hypothesis that sexual violence is high in young female sex workers. Result also indicated that physical violence is high between the age range of 36-40(M=43.61, SD= 16.61) but indicated F (3, 56) =.174, p=.174 no significant mean difference. Symbolic violence is significantly high between the age ranges of 36-40, M=46.76, SD=13.07.The results revealed that ages of the female sex workers does have impact on partner violence however female sex workers experienced more violence particularly symbolic violence . Overall violence rate is high among the higher age of female sex worker.

Table 3.8

One way Anova between Partner violence and Marital status of female sex workers (N=60).

Variable	SS	MS	F	df	p	M(SD)
Sexual violence			1.89		.142	
Unmarried						13.3(5.17)
Widow						19.50(3.53)
Divorced						13.77(6.6)
Married						16.87(5.22)
Between Group	181.48	60.49				
Within Group	1792.69	32.01				
Physical violence			.633		.597	
Unmarried						32.95(17.7)
Widow						29.50(7.77)
Divorced						39.72(17.68)
Married						36.75(16.34)
Between Group	564.11	188.03				
Within Group	16640.06	297.14				
Symbolic violence			.966		.415	
Unmarried						32.95(14.56)
Widow						31.00(9.89)
Divorced						40.22(16.51)
Married						38.25(15.48)
Between Group	683.78	227.92				
Within Group	13213.06	235.94				
Between Group				3		
Within Group				56		

Note. SS= Sum of Squares, MS = Mean Square, M=Mean, SD= Standard Deviation, Unmarried N=24 Widow N=2, Divorced=18, Unmarried=16

Table 3.8 revealed the results of the one way Anova revealed that there is non-significant impact of marital status on partner violence among female sex workers which means female sex workers experienced almost similar level of violence with minimal difference. However mean differences depicts that physical violence is high (M=39.72, SD= 17.68) among divorced female sex worker hence it rejected the hypothesis that physical violence is high among married female sex workers however

Table 3.9

Pearson product moment correlation analysis to find out the relationship between income and psychological distress (N=60)

Variables	1	2
1.Montly income	-	.292*
2.Psychological Distress	-	-

Note *$p < .01$

Table showed the significant positive relationship between monthly income and psychological distress of female sex workers, hence it approved the hypothesis that there is significant relationship between monthly income and psychological distress (r= .292) which means monthly income will be a cause of psychological distress in female sex workers.

Table 3.10

One way Anova body between body image perception and residence of female sex workers (N=60)

Residence	SS	MS	F	df	p	M(SD)
BI-Perception			1.29		.285	
Family						78.25(8.25)
Husband						77.83(6.54)
Friend						72.77(8.88)
Independent						80.50(12.18)
Between groups	290.49	96.31		3		
Within Groups	4187.16	74.44		56		

Note. SS= Sum of Squares, MS = Mean Square, M=Mean, SD= Standard Deviation BI= body image, *df* = degree of freedom.

Results of one way Anova revealed that there is non-significant mean difference between body image perception and independent living of female sex workers F (59) = 1.29, *p* .28. However results of mean differences depicted that body image is significantly low in female sex workers who are living with their male friend (M=72.77, SD=8.88) because it rejected the hypothesis that body image perception will lower in female sex workers who are living independent. Mean differences revealed that body image perception was lower in female sex workers who are living with their male friends.

Table 3.11

One way Anova for partner violence and duration of the profession of female sex worker (N=60)

Duration	SS	MS	F	df	p	M(SD)
1-5 year			.		.	68.52(36.71)
6-10 year			.		.	99.33(28.21)

11-15 year					90.75(11.89)
Between groups	12929.02	6464.51	6.634	2	.003**
Within Groups	55547.82	974.52		57	

Note. SS= Sum of Squares, MS = Mean Square, M=Mean, SD= Standard Deviation *$p<.05$, **p$<.01$, *df* =degree of freedom

Result of one way Anova revealed that there is a significant mean difference between partner violence and duration of the profession[F $(2,57)=6.63$], (**$p<.01$) of female sex workers which means as the number of years increase in sex work, sex workers experienced more violence. Results of the mean differences revealed that female sex workers who have been since 6-10 year in this profession experienced more violence M=99.33, SD=28.33 however female sex workers who have been in this profession experience from 11-15 years experienced almost level of violence with minimal difference M= 90.75, SD= 11.89.

Discussion

Numerous studies have been done across the world to explore the mental and physical health problem of females but there is limited data related to the issues of female sex worker similarly several studies have been done in current culture (Pakistan) on the health issue of females such as violence, depression anxiety, also related to their body image but there was hardly one and two researches on the issues of female sex worker. Study related to sex work was a sensitive study in Pakistan because sex work is illegal and criminal act in current culture and according to Pakistani law illegal sexual activities will be punished. Despite of all these marginalized group is present in Pakistan with a large populations of female sex workers particularly in Lahore and Karachi (Emanuel, Laura et. al.2013).

Female sex workers face numerous physical, emotional and psychological health issues due social discrimination as a marginalized group. (Wright and Fife 2000) hence these female experienced chronic patterns of violence victimization resulting in elevated levels of psychological distress (Ulibarri, Hiller et al., 2013) and hence they are more likely to experience low body esteem. (Friedman, Reichmann & Musante, 2002).

Cronbach alpha Reliability of the study instrument was high as .93 Cronbach alpha reliability of severity of violence against women scale which showed high internal consistency for the present study and its subscales physical violence subscale has .89 reliability, subscale symbolic violence has .86 reliability and sexual violence subscale has .67 which is satisfactory for current study. Cronbach alpha reliability of Kessler psychological distress scale was .61 which is satisfactory for current study. Reliability of body esteem revised were .63 which is satisfactory for present study.

Firstly, it was hypothesized that there is likely to be a significant relationship between partner violence and psychological distress. The hypothesis was supported by the results of the study as it is evident from the study that there is significant positive relationship between partner violence and psychological distress which means that with increase of partner violence psychological distress will increase and vice versa. The results are in line with the previous studies who have concluded that partner violence is positively correlated with psychological distress (Hong, Zhang et al., 2013) female sex workers experienced partner violence frequently in their lives hence they are more prone to psychological distress. Although all form of violence predicted higher levels of psychological distress, depression and anxiety in sex workers. (Ullibari, semple, Strathdee, Vallejo, 2009)

There will be a negative relationship between psychological distress and body image perception of female sex workers. It is evident from results of present study that psychological distress is negatively correlated with body image perception of sex workers it proved that as psychological distress will be high the body image perception will be low

while the high body image perception will decrease psychological distress. The results are linked with previous studies where body image concern is correlated with psychological distress. Higher psychological distress effect sex workers physical particularly sexual attractiveness primarily they poor body image perception related to body features i.e. face and body type. Swami, Laura et al.2010) women who have high body image perception (body esteem) pointed no or little psychological distress. (Schoenbach, Lee et al., 2014)

It was hypothesized that Partner violence and body image perception will be a significant predictor of psychological distress. Hypothesis was supported by the study results that only partner violence is a significant predictor of psychological distress. Which means more partner violence experiences increased the risk of higher psychological distress in sex workers. These results are discussed in the line of previous studies where there was non-significant relationship between physical perception of sex workers and psychological distress (Laura.C, Hurd, 2008).

It was hypothesized that psychological distress will be high among female sex workers. The hypothesis was supported with the results of the study. It is evident from the study results that psychological distress was significantly high in female sex workers approximately 56 out of 60 female sex workers fall in the category of clinical significant psychological distress. The results are in line with the previous studies that have concluded that female sex workers have significantly high score on psychological distress. (Boyle, Dunne, John, S, Turrel, wood & Glennon, 1997).

It was also hypothesized that body image perception will be low in female sex workers. It is evident from result finding that body image perception is significantly low particularly related to body esteem-sexual attractiveness and body esteem-physical condition concern is significantly low in female sex worker. Hence good looking and physical attractive sex worker can influence the level of their earnings however dissatisfaction related to body perception effect the nature of the job and also their earning. Physically attractive sex worker invest less time in developing their capital, furthermore low body image perception is also associated with the sex workers experience of violence, HIV, unsafe sexual practices, dissatisfaction with the job and guilt related to sex work (Duchesne, Dion, & Lalande,2016 ; Chang & wend, 2012)

Age of the female sex workers will be significantly related to partner violence. Result of the present study found supports the hypothesis that partner violence has significant mean difference with the age of female sex workers. This phenomenon was supported through previous studies that women and young girls who are involved into sex work experience verbal assaults and violent crimes including beatings, rape, and until murder (Shapiro, 2002; Williamson & Cluse, 2002). Previous studies concluded that entry into sex work at young age found to heighten vulnerability to physical and sexual violence victimisation in the context of sex work and also relates with increase in HIV infection (Silverman, 2016).

It was hypothesized that physical violence is high among married female sex workers. Result of the study indicated that there is non-significant impact of marital status on partner violence among female sex workers which means female sex workers experienced almost similar level of violence with minimal difference. Most of the divorced females are living alone without their family they have no financial support other than sex work. So living alone in the society particularly of a sex worker leads towards physical violence Moen, J (2012) either from clients, police and other one. In the other hand most of the divorced sex workers have children and they have no financial support that fulfil their financial needs. In such cases these females have to earn money at any cost for their children so this miserable condition will predisposed them to be victim of violence.

It was hypothesized that there will be a significant relationship between monthly income and psychological distress. Results of the study supported the hypothesis as results revealed that there is significant relationship between monthly income and psychological distress among female sex workers as sex workers monthly income is vulnerable toward psychological distress. These females did not consider the Stigma linked with sex work as important because sex industry were directly related to deal with economic. (Moret, W, 2014) despite of these, female sex worker which earn high also vulnerable to psychological distress as high paid sex workers lived in well reputed areas and they have more expenses because they have to maintain their standard, moreover female sex workers belonged to lead class mostly remained in stress because these females did not get easily high paid clients.

It was hypothesized that body image perception will be lower in female sex workers who are living alone. Study result did not support the hypothesis as results revealed that there is no significant mean difference between the body image perception and independent living of female sex workers. However body image perception was lower in female sex workers who are living with their male partners. Related to current study most of the sex workers living with their parental family and family support is essential for developing self-confidence and positive perception about oneself. Moreover positive self-image was a mediator between parental support and body image discrepancy and they are associated with poor body image perception. (Michael, et al., 2014).

Finally, it was hypothesized that there will be a significant mean difference between partner violence and duration of the profession in female sex workers. Results of the study indicated highly significant mean differences for female sex workers who have been since 6-10 year in this profession experienced more violence however female sex workers who have been 11-15 years in this profession experience almost level of violence with minimal difference Previous studies conclude sex workers who are experienced in this field were the highest victims of violence, abuse, arrests, and stigma, (Miller and Schwartz 1995; Sanders 2007; Weitzer 2009).

Conclusion

The present study was aimed to find the relationship between partner violence, psychological distress and body image perception in female sex workers. On the basis of results of the present study, it can be concluded that partner violence was extremely high in sex workers. The phenomenon of the psychological distress is significantly high in female sex workers as almost 93.3% sex workers in the present study were above the clinically significant psychological distress similarly body image perception in term of body esteem in the sex workers was significantly low. Partner violence is significant predictor of psychological distress. In addition there is highly significant relationship between partner violence and psychological distress, moreover significant positive results was found on physical and symbolic violence subscale however there was highest score on the sexual violence subscale. Body image perception was significantly negatively correlated with psychological distress however body image perception was significantly related to the physical violence. There is significant relationship of psychological distress and body image perception of female sex workers, furthermore partner violence particularly physical violence and symbolic violence is significantly high among middle age and divorced sex worker, though sexual violence is high among widows.

4.3. Limitations

- Result finding cannot be generalized to all population as data collected from limited resources of Lahore region.
- Study was sensitive study and it was challenging for researcher to approach female sex workers to their residence areas due to which sample size was restricted.

- There was no direct approach to sex worker so these were approached by broker who take appointments for data collection with sex worker.
- Lack of education and limited research on sex worker was the biggest hurdle to collect data as that was different experience for these participants.

4.4. Suggestions and Recommendations

- On the basis of these limitations it is recommended for the future researches who are interested in the concerned area to use short questionnaires.
- It is also recommended for future researchers to use qualitative approach with limited sample of the victims of violence moreover with in depth analysis of the types of violence.
- It is also recommended to do work in Pakistani culture related to Body image perception of sex workers.
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References

A, M., Alfonso, P., M. I., Linares, G., Nuria, ROS, C. B., & MARTINEZ, M. (2006, November 5). The Impact of Physical, Psychological, and Sexual Intimate Male Partner Violence on Women's Mental Health: Depressive Symptoms, Posttraumatic Stress Disorder, State Anxiety, and Suicide. *Journal Of Family Health, 15*.

Alemayehu, M., Yohannes, G., Damte, A., Fantahun, A., Gebrekirstos, K., Tsegay, R., . Yebyo, H. (2015). Prevalence and predictors of sexual violence among commercial sex workers in Northern Ethiopia. doi:0.1186/s12978-015-0036-5

Aoyama, K. (2008). *Thai Migrant Sexworkers from Modernisation to Globalisation.* Tokyo.

Ashburn, K., Kerrigan, D., & Sweat, M. (2008). Micro-credit, Women's Groups, Control of Own Money: HIV-Related Negotiation among Partnered Dominican Women. *AIDS and Behavior, 12*(3), 396-403.

Bartlett, E. (October 2014). The Subjective Experiences of Intimate Partner Violence among Female Sex Workers. *Department of Psychology,University of Cape Town*, 299.

BASSEL, N. E., D.S.W, S, S., WITTE, WADA, T., GILBERT, L., & WALLACE, J. (Novermber,2001). Correlates of Partner Violence Among Female Street Base Sex Workers; Substance Abuse, History of Childhood abuse, HIV risk. *Foundations for Research on Sexually Transmitted Diseases, New York, 15*.

C, L., & MSW, H. (22, October 2008). Older Women,s Body image and Embidied Experiences. *Journal of women and Aging*, 12:3-4, 77-79.

Campbell, J. C. (2002, April 3). Health consequences of intimate partner violence. *Vioelnce against Women, 359*.

Campbell R, Kinnell H. "We shouldn't have to put up with this": street sex work and violence. Criminal Justice Matters 2000; 42:12-3.

Chang, H. H., & Weng, Y. (July,2012). What is more important for prostitute price? Physical appearance or risky sex behavior? pp. 480-483. doi:10.1016/j.econlet.2012.06.041

Chiristan, S. E. (2017, April 24). Body Image and Sex: How Women's Body Image Influences and Impacts Sexual Experiences. *Theses and Dissretation- Family Sciences*, 127. doi:10.12023/ETD 2017

Choudhury*, S. M. (August,2010). 'As prostitutes, we control our bodies': perceptions of health and bodyin the lives of establishment-based female sex workers in Tijuana,Mexico. *Culture, Health & Sexuality, 12*, 677–689.

Chudakov, B., llan, K., Belmaker, R. H., & Cwikel, J. (2011, January 19). The motivation and Mental health of Sex workers. *Journal of sex and Marital Therapy*, 28;4, 305-315. doi:10.1080/009262302900001439

Coy, M. (2009). This body which is not mine-The notion of habit body,prostitution, and (dis)embodiment. *Feminist Theory, vol. 10(1): 61–75.*(1464–7001). doi:DOI: 10.1177/1464700108100392

Daniali, S., Azadbakht, L., & Mostafavi, F. (2013). Relationship between body satisfaction with self esteem. *Journal of Eduaction and Health Promotion, school of health, Ifshana university of medical sciences, Iran*, 2:29. doi:10.4103/2277-9531.115804

Emmanuel, F., Thompson, L. H., Akhtar, N., Salim, M., Blanchard, J. F., Athar, U., & Sonia, A. (2013, June 14). The organisation, operational dynamicsand structure of female sex work in Pakistan. pp. 89:29-33. doi:10.1136/sextrans

E, J., & Cobbina. (2011, August). It's Not Only for the Money: An Analysis of Adolescent versus Adult Entry into Street Prostitution*. *81*, 310-332. doi:10.1111/j.1475-682X.2011.00375.x

FARLEY, M. (2004, october). "Bad for the Body, Bad for the Heart,Prostitution Harms Women Even if Legalized or Decriminalized. *Prostitution Research & Education*. doi:0.1177/1077801204268607

Farley, M., Bindle, J., & Golding, J. M. (June, 2010). Prostitution is Violence against women- Let,s refuse to be any part of it. *Prostituition Research and Education at Eaves*.

Godwin, J. (2012). *SEX WORK AND THE LAW IN ASIA AND THE PACIFIC*. United Nations Development Programme UNDP Asia-Pacific Regional Centre, Thailand.

Halliwell, E., & Dittmar, H. (2003, December). A Qualitative Investigation of Women's and Men's BodyImage Concerns and Their Attitudes Toward Aging. *49*.

Harcourt, C., Beek, I. v., Heslop, J., McMahon, M., & Donovan, B. (2001). The health and welfare needs of female and transgender street sex workers in New South Wales. *Australian and New Zealan Journal of Public Health, 25*, 84-89.

Heilemann, T., & Santhiveeran, J. (2011). How Do Female Adolescents Cope and Survive the Hardships of Prostitution? A Content Analysis of Existing Literature. *Journal of ethnic and cultural diversity in social work*, 57-76. doi:10.1080/15313204.2011.545945

Hong, Y., Zhang, C., Li, X., Liu, W., & Zhou, Y. (2013). Partner Violence and Psychosocial Distress among Female Sex Workers in China. *8(4)*. doi:10.1371/journal.pone.0062290

Husain, A (2013) Exploring the issue of runaway women in Pakistan: a call for social and legal change *Journal of Law and Social Research, 4* (2013), 59-72

Jessica, A., Blayney, B., & P, J. (2015, November 20,). Sexual Assault characteristics and perceptions of Psychological distress. doi:10.1177/0886260515614560

Kenrick, D. T. (2016). A link between sex workers age and income. *Evolutiona and human Behavior*.

Kessler, R. C. (2002). Kessler Psychological Distress Scale (k10). *DEPARTMENT OF HEALTH, Population Research and Outcomes, 14*.

Khan, M. E., Townsend, J. W., Sinha, R., & Lakhanpal, S. (n.d.). *Sexual Violence Within Marraiges.* *The Population Council, New Delhi **Centre for Operations Research and Training (CORT). centre for operations Research & Training.

Khan, M. S. (2011). Poverty of Opportunity for Women Selling sex in Lahore, Pakistan. *Knowledge, Experiences & Magnitude of HIV & STIs*.

L, A. C. (2007, April 2). DOES PHYSICAL INTIMATE. *Trauma, Violence and Abuse, 8*, 149-177. doi:10.1177/1524838007301162

M, D., Szymanski, B, L., Moffitt, & Carr, E. R. (n.d.). Sexual Objectification of Women: Advancesto Theory and Research. doi:10.1177/0011000010378402

Mellor, R. & Lovell, A. (2011). The lived experience of UK street-based sex workers and the health consequences: An exploratory study. *Health Promotion International, 27,* 311-322. doi: 10.1093/040

Micheal, s. L., Wentzel, K., Elliott, M. N., Dittus, P. J., Kanouse, D. E., Wallander, J. L., & Franzini, L. (2014, January). Parental and Peer Factors Associated with Body Image Discrepancy among Fifth-Grade Boys and Girls. *Youth Adolesc, 43(1)*, 15-29. doi:10.1007/s10964-012-9899-8

Monica, U. D., Hiller, S. P., Lozada, R., Rangel, M. G., Stockman, J. K., Silverman, J. G, & Ojeda, V. D. (2013, January 29). Prevalence and Characteristics of Abuse Experiences and depression symptoms among injection Drug-Using Female Sex Worker. *Journal of Environmental and Public health, 2013*, II. doi:10.1155/2013/631479

Moreno, C. G., Jansen, H. A., Ellsberg, M., Heise, L., & Watts, C. H. (2006, October 7). Prevalence of intimate partner violence: fi ndings from the WHO multi-country study on women's health and domestic violence. *Women and Health, WHO, 368*.

Moane, G. (2003). Bridging the personal and the political: Practices for a liberation psychology. *American Journal of Community Psychology, 31*, 91–101. doi:10.1023/A:1023026704576

Moret, W. (2014, May). *Economic Strengthening for Female Sex Workers: A Review of the Literature.* United States Agency for International Development (USAID) Cooperative Agreement. Retrieved 2014

Panchanadeswaran, S., C, S., Johnson, Sivaram, S., Zelaya, C., Solomon, S., & Celentano, D. (2010, July). A Descriptive Profile of Abused Female Sex Workers in India. *28*, 211-220.

Paquette, M. C., & Raine, k. (2004). Sociocultural context of women's body image. *Social sciences & medicine, 59*, 1047-1058.

Qayyum, S., Iqbal, M. M., Akhtar, A., Hayat, A., Janjua, I. M., & Tabassum, S. (2013, september). Causes and Decision of women involvement onto prostitution and its consequences in Punjab,Pakistan. *4*.

Roehling, M. V., Roehling, P. V., & Pichler, S. (2007). The relationship between body weight and perceived weight-related employment discrimination. *Journal of Vocational Behavior*, 300-318.

Romans, S. E., Potter, K., Martin, J., & Herbison, P. (2001). The Mental and Physical Health of female sex workers, A Comparative study. *Australian and New Zealand Journal of Psychiatry*, 35:75-80.

Rossler, W., Koch, U., Lauber, C., Hass, A. K., Altwegg, M., Gross, V. A., & Landolt, K. (2010). The mental health of female sex workers. *ACTA PSYCHIATRICA SCANDINAVICA*, 1-10. doi:DOI: 10.1111/j.1600-0447.2009.01533.x

Schoenbach, V. J., Haung, Y., Lee, c. N., Miller, W. C., & Pence, B. W. (2014). *Sexual Attractiveness, Sexual satisfaction And Psychological ditress in Liuzhou, China.* LIUZHOU, CHINA: Qianlai Luo.

Sloan, L. M., & wahab, S. (2000). Feminism Vioces on sex work: implication for social Work. november. doi:10.1177/08861090022094065

Sohn, K. (2016). Men,s revealed prefrences regarding womens age: Evidence from prostitutions. *Evolution and Human Behavior*, 37, 272-280.

SUSAN, S. L., & ASIR, D. S. (December, 2014). A Study On Life Satisfaction Among Female Sex. *Indian Journal of Applied Research, 4*(12).

Van de, F. B. (2012). Body Image and Female Sexual Functioning and Behavior : A Review. *The journal of Sex Reseach, 49,2012*(2-3), 184-211. doi:10.1080/00224499.2012.658586

White, S. S. (2010). Sexual Risk Behaviors, Alcohol Abuse,and Intimate Partner Violence Among Sex Workers in Mongolia: Implications for HIV Prevention Intervention Development. *Journal of Prevention & Intervention in the Community, 38*(2), 89-103. doi:10.1080/10852351003640625

Willis, B., Welch, K., & Onda, S. (2016, July). Health of female sex workers and their children: a call for action. *4*. doi:10.1016/S2214-1099(x) 16 30071-7

Wong, W. C., Eleanor Holroyd, E., & Bingham, A. (2010). Stigma and sex work from the perspective of female sex workers in Hong Kong. *Sociology of Health and Illness, 33 No. 1 2011 ISSN 0141–9889,*, 50-65. doi:10.1111/j.1467-9566.2010.01276.x