

Examining the Emotional Effects of Sexual Violence amongst Young Female Commercial Sex Workers A Case of Epworth “Pabooster” Area

Angeline Makore

Great Zimbabwe University Masvingo Zimbabwe, Julius Nyerere School of Social Sciences

DOI: <https://dx.doi.org/10.47772/IJRISS.2026.10100607>

Received: 01 February 2026; Accepted: 06 February 2026; Published: 19 February 2026

ABSTRACT

Young female commercial sex workers in Epworth, Zimbabwe, experience significant mental health challenges linked to sexual violence. This study used a quantitative design with a sample of 10 participants drawn from a population of 300, employing the Burns Anxiety Inventory (BAI) to assess emotional effects. Results revealed that 70% of respondents exhibited symptoms consistent with major depressive disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and panic disorder. Physical and psychological symptoms such as difficulty concentrating, hypervigilance, intrusive thoughts, palpitations, and nervousness were common, underscoring the high emotional burden this population carries. The study recommends a holistic response involving human rights enforcement, accessible mental health services, community education, engagement with local leadership to address stigma, and establishment of support and rehabilitation programs. Digital platforms linking female commercial sex workers to emergency and psychological services are also proposed to improve timely help-seeking and protection.

Keywords: Female Commercial sex workers, Sexual violence, Burns Anxiety Inventory, Emotional effects.

INTRODUCTION

Commercial sex work (CSW) has become a subject of concern in most societies and Zimbabwe is not excluded. Commercial sex workers are regarded as social menaces that offend cultural and social morals and values. In addition, they are seen as prominent players in the spread of sexually transmitted infections (STIs).

Commercial sex work is a controversial and ambiguous topic because of the myths, biases, and misconceptions that surround it. Several studies have shown that the motivations for this practice are mainly a need to survive and abject poverty, which can be traced to unemployment Kangiwa, (2015). Women involved in CSW are blamed by society and the communities where they live for the spread of sexually transmitted infections (STIs). Men also play a role in the sex industry but their participation does not elicit as much concern, reaction, and vitriol as their female counterparts Aloba and Ndifon, (2014). Studies have shown that a large proportion of the Zimbabwean population lives in poverty and this has contributed to the high number of incidents of transactional sex work Bhunu, Mhlanga, and Mushayabasa, (2014). Bearing this in mind, it can be safely argued that poverty is a common trait in the lives of Female Commercial Sex Workers. Commercial sex work is a phenomenon that affects a large number of societies. Globally, the problem of CSW has been a cause for concern (Kangiwa, 2015). Sex work is a practice or exercise that entails rendering sexual services to another person in return for payment (Qayyum, Iqbal, Akhtar, Hayat, Janjua, and Tabassum, 2013).

In Zimbabwe, prostitution has been declared illegal by the nation's Constitution. The economic situation in the country is dire with high unemployment rates and people living in extreme poverty. Most people in the country live below the poverty datum line of between \$430 and \$574 for a family of five and \$96 for an individual (Zimstats, 2017). The prevailing economic condition in the country has facilitated the growth of the sex industry. This economic situation, coupled with a lack of job opportunities and capital to start income-generating projects, has forced some women to opt for sex work for survival (Bhunu et al., 2014; Nkala, 2014). In Zimbabwe, sex

work is regarded as immoral and a crime (section 81 (2), Zimbabwean Constitution). According to Elmes (2012), the immorality of sex work in Zimbabwe is strongly reinforced by social taboos which heavily stigmatise and discourage sex work.

Sexual violence is rampant in the commercial sex work industry affecting more women working in the industry. Various causes of sexual violence were established by various researchers in various fields such as the non-profit sector, the government, and the academic institutions Aids Fonds (2016) carried out research, 'sex work and violence in Zimbabwe', in the research report it was revealed that in the past year* 205 63% of sex workers in Zimbabwe experienced violence. The violence takes different forms and means that sex workers are confronted with physical, sexual, economic, and emotional violence on a regular basis. Another research conducted by Kanyemba et al (2019) postulated that, '... violence towards sex workers is driven by and exacerbated by stigmatizing beliefs about attitudes towards sex workers, social marginalization and criminalization of the occupation'. In addition, as supported by the above studies women commercial sex workers experience all forms of violence in Zimbabwe, and young women who are commercial sex workers in Epworth are not exempted from the sexual violence, Bhatasara and Chiweshe (2022), highlighted that "in Epworth sex workers highlighted that they could not get clients due to restricted movements. Abuse also came from clients as several women reported incidences where they suffered beatings from men especially those who refused to pay after getting the service. "Against this backdrop, violence against women has always been a keen area of mine, however in reviewing quite several articles and studies it is without a doubt that the topic of sexual violence in the commercial sex work industries is widely researched. However, it is noteworthy to highlight that there is little to no literature that focuses on the emotional or psychological changes in young women commercial sex workers who have experienced sexual violence. In Zimbabwe, the researchers delved into the types of violence experienced by commercial sex workers, yes, but there is a gap in the information and data on the emotional effects posed by the exposure to sexual violence experienced by young women working in the commercial sex industry

Ngugi et al. (2012) note that sex workers are regarded as a key population in the spreading of STIs and HIV when compared to the general population. The diagnosis of STIs shows the effects of sex work on sex workers and their clients. Chances are that if the clients do not get treated, they will continue to spread the disease to other people including their life partner. CSWs have numerous clients thus multiplying their exposure to HIV and STIs Nkala (2014).

According to, Mcleod et al (2024) Regionally, in Eastern and Southern African Studies carried out with women who sell sex (WSS), the lifetime prevalence of violence revealed in the studies ranged from 21% to 82% a pattern of generalized violence against (WSS). The perpetrators included paying clients, male partners, strangers, family members, friends/acquaintances, and authorities.

The problem to be addressed through this study is mental health problems thus the emotional effects faced by female commercial sex workers who once experienced or are experiencing sexual violence in their line of work in the Epworth community. Laisuklang and Ali (2017) in their study of Commercial sex workers of Indian background noted that psychological distress is higher in women working in the sex industry, their study showed that 25% of the respondents reported major depressive episodes and recommended immediate need that government agencies, mental health institutions are sensitized about mental health issues of commercial sex workers. Similar studies were done in South Africa by Jewkes et al (2021) analysed that female sex workers are at an increased risk of mental health problems, including mood disorders and substance abuse their study showed that female sex workers have very poor mental health as 52.7% had depression and 53.6% had post-traumatic stress disorder (PTSD). Furthermore, other studies conducted locally in Zimbabwe by Doyle et al (2023) explored that there was a high prevalence of CMDs among general population urban and peri-urban young people especially among those with no employment. Be that as it may, mental health problems are affecting young people including young women, however, young women in the commercial sex work industry who have experienced sexual violence are prone to mental illnesses and this study seeks to explore the variables and intersection between sexual violence victims and the emotional changes or effects that come with it.

Research Hypothesis

Emotional effects: Female commercial sex workers who experience sexual violence will report higher levels of anxiety, depression, and PTSD compared to those who do not experience such violence.

LITERATURE REVIEW

Commercial sex work profession existed even in time immemorial across regions, races and continents only that the terms used have evolved Bartley (2000) noted that sex work was a risky occupation and women who worked in the industry are said to have developed creative safety strategies for avoiding arrest. In supporting the author, commercial sex work is still criminalized in the greater part of the world.

Moreso, Commercial Sex workers represent a marginalized population that faces many occupational hazards. They are at high risk for violence, contracting sexually transmitted diseases, including HIV, stigmatization, legal ramifications, and mental health and substance abuse issues. Health services, including mental health services, are needed for this community. The public health research on sex workers has focused on factors pertaining to HIV infection and STI risk rates versus examining the general health and well-being of sex workers themselves (Alexander, 2018). The emotional well-being of this stigmatized population has generally been ignored.

Furthermore, Sex work is defined as work completed by any person who exchanges sexual services for economic compensation, such as money, drugs or alcohol. Bernstein (2007) acknowledges Carol Leigh, the founder of a sex worker advocacy group, Call Off Your Old Tired Ethics (COYOTE) as the creator of the term “sex work”. Delacoste and Alexander’s (1987 p.342) explain the etymology of the term as described by Bernstein (2007): “Unlike the word ‘prostitute’, with its connotations of shame, unworthiness, or wrongdoing, the term ‘sex worker’ tries to suggest an alternative framing that is ironically both a radical sexual identity (in the fashion of queer activist politics) and a normalization of prostitutes as ‘service workers’ and ‘caregiving professionals’.

In addition, Commercial sex work includes high risks, including legal liability, and exposes those who work in it to violations and vulnerabilities that are specific to sex work and place this work outside the mainstream labour market (Sanders, 2015). According to Sanders (2015), occupational risks in sex work include violence, criminalization, marginalization, exposure to health-related concerns, exclusion from civil and labour rights, and ostracism from local communities. Davies (2006) also argues that sex work cannot be seen through the same economic lens as mainstream business because of the global moral condemnation of women who sell sex. In addition to being condemned morally, the illegal status (in most states) and the continued presence of sex work, create a quasilegal and semi-tolerated environment for sex work. Not only does the illegal status of the work increase the risk associated with the work, but also creates a need for sex workers to hide their status, reducing their access to health and social services. Vanwesenbeeck (2011) views sex work as legitimate work and acknowledges that the illegal status creates consequences that often violate the civil and workers’ rights and integrity of sex workers.

Sexual Violence against FCSWs

Sexual violence is a pervasive issue that has become increasingly complex and is rampant in the global south. Whether taking place physically or technologically facilitated it is affecting a large number of women. According to the World health organization (WHO) Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion by an individual regardless of their relationship to the victim in any setting.

According to Aids Fonds (2016) the research study results showed that 63 percent of sex workers in Zimbabwe experienced violence thus physical, sexual, economic and emotional violence. The survey reviewed that clients are the main perpetrators of violence against sex workers in which the 33% experienced sexual violence.

Sexual violence is a broad category of actions in which a person exerts their power and control over another person through unwanted or harmful sexual actions. This is according to The Michigan State University Centre

for Survivors (2024). They further explained that this constitutes of an ‘umbrella’ of violence thus; sexual assault, sexual coercion, rape, sexual exploitation, sexual harassment, stalking and relationship violence.

CSWs endure various forms of violence thus; physical assault, sexual coercion, and verbal threats. Incidents often occur both in private settings and public spaces with many women reporting experiences of attempted rape and forced unwanted sexual acts, ascertained by Swift (2022).

Emotional Effects of sexual violence

Sexual violence victims are prone to emotional and mental changes after the experience of trauma; these changes can manifest immediately or in the long term. Therefore, emotions are often confused with feelings and moods but the three are not interchangeable. American Psychological Association highlighted that emotion is defined as a complex reaction pattern, involving experiential, behavioural, and physiological elements. More emotional experiences have three components: a behavioural expressive response, a physiological response, and a subjective experience.

In addition, the Journal of Abnormal Psychology (2022) highlighted that emotions are much more than a mental state rather emotions affect one’s demeanour and health. Furthermore, UWA (2019) stated that; Emotional Psychologist Paul Ekman identified six basic emotions that can be interpreted through facial expressions. These include; happiness, sadness, fear, anger, surprise, and disgust. The list was also expanded to include embarrassment, excitement, contempt, shame, pride, satisfaction, and amusement.

Emotions can be categorized into basic (innate) and complex combinations of basic emotions, influencing behaviour and decision-making significantly.

Common types of mental health disorders

Depression is characterized by a wide range of symptoms that are found in the DSM-5, the diagnostic criteria are as follows; symptoms must be present for at least two weeks, the person will be in a depressed mood most of the day, sleep disturbances, feelings of worthlessness, sleep disturbances, weight gain or loss amongst others. Truschel (2022), pointed out that depression otherwise known as major depressive disorder or clinical depression is a common and serious mood disorder such that those suffering from the disorder have a persistent feeling of sadness and hopelessness. Depression is likely to be the third leading cause of disease burden in low-income countries Mathers and Loncar (2006). It is highlighted that women who commercially exchange sex for money, goods, or services are highly marginalized which increases their chances of poor mental health Beattie et al (2020).

Post-Traumatic Stress Disorder (PTSD) is a debilitating psychiatric disorder that occurs following exposure to observation of traumatic incidents, such as natural calamities, armed conflicts, physical and sexual violence, or severe accidents Zirima (2024). In addition, a study in Sydney Australia carried out by Roxburgh et al (2006) reviewed that just under half of women met the DSM-IV criteria for PTSD and approximately one-third reported current PTSD symptoms, depression, and drug dependence were also prevalent.

Suicidal behaviour is a general term that encompasses any suicidal thought, or action without taking additional steps to distinguish thoughts from plans, from non-fatal attempts, and from attempts that result in death Klonsky (2016). Additionally, Crosby et al (2011) noted that suicide encompasses all intentional or non-intentional self-injurious behaviours regardless of intent to die, it is further defined as death caused by self-injurious behaviour with an intent to die as a result of the behaviour. Research indicates a significant correlation between sex work and increased risk of suicidality, particularly among street-involved youth. Barker (2019) a study in Vancouver found that 14.3% of participants reported suicide attempts with those engaged in sex work showing nearly double the likelihood of attempting suicide as compared to non-sex workers.

Interplay between Commercial sex work, sexual violence, and emotional Effects

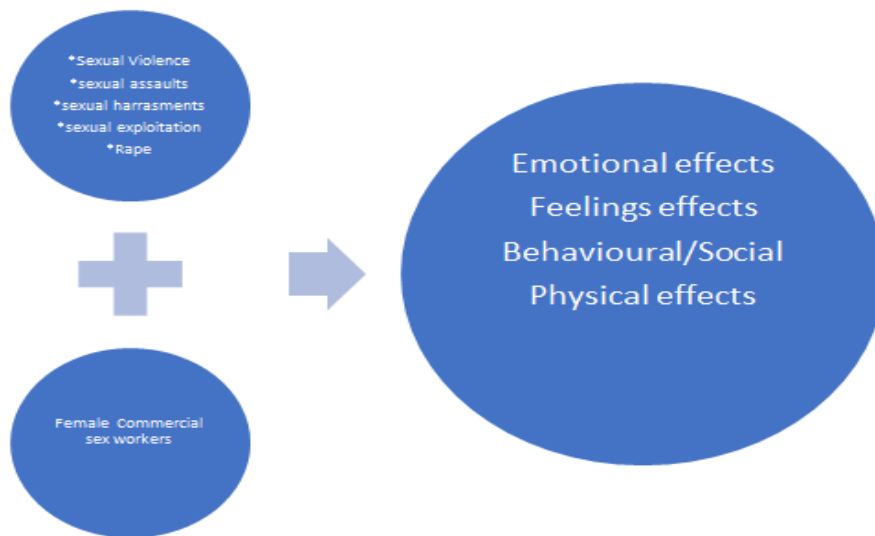


Figure 1: Interplay between commercial sex work, sexual violence, and emotional effects

The strong linkage between commercial sex work, sexual violence, and emotional effects is like a circulating triad. Commercial sex workers are facing an insurmountable amount of violence either perpetrated by their known clients or new clients further exacerbates the FCSW's exposure to damaging emotional effects.

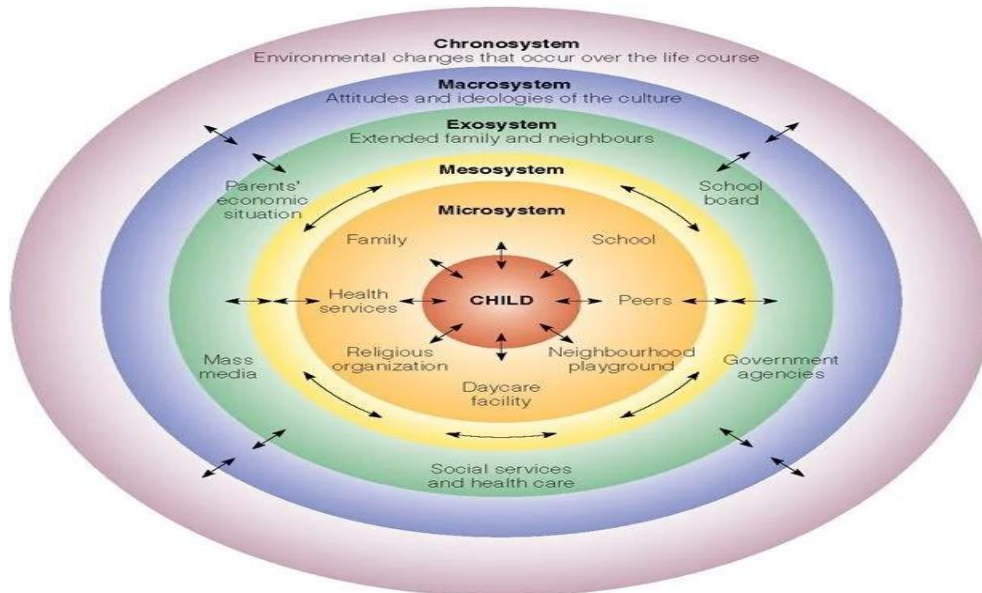
According to the conclusion of the study carried out by Cange et al (2019), the findings reported that stigma and physical and sexual abuse are prevalent among FSWs, within this context of sex work, lifetime experiences of physical and sexual violence were highly correlated with self-reported mental health symptoms. To further explain, experiencing sexual violence is often a highly traumatic event that increases the risks of aggressive emotional effects such as post-traumatic stress disorder. Survivors of sexual violence often experience higher levels of chronic pain and may have a reduced tolerance for discomfort due to the psychological and physiological impacts of the trauma.

Theoretical Framework

The study was guided by two psychological theoretical frameworks. These will include the Ecological model and the Cognitive Behavioural Framework.

Ecological model (Chronosystem, Macrosystem, Ecosystem, Mesosystem and Microsystem)

This model emphasizes the interplay between individual, relational, community, and societal factors that influence and shape individual experiences. This theory is very relevant in this study as it helps the understanding and the analysis of the experiences of FCSWs with exposure to sexual violence leading to negative emotional effects. It highlights how sociocultural contexts, such as norms and structures, impact mental health outcomes following sexual violence. Factors like stigma and societal attitudes towards sex work can exacerbate emotional trauma and hinder recovery processes. To justify the importance of this model in the study it is noteworthy to highlight that Bronfenbrenner (1994) highlighted that macrosystems include over-arching patterns that characterize a given culture or subculture, incorporating the styles, meaning, routines, customs, and materials associated with each of these broader systems, and can be thought of as “a societal blueprint for a particular culture or subculture” To further support Mackinnon (1979) earlier pinpointed out that sexual harassment is a product of culturally legitimized difference in power and status between men and women. Be that as it may, commercial sex work in Africa is considered a taboo henceforth leading to violence perpetuated against FCSWs affecting their emotional well-being. Therefore, this theory is critical in further elaborating the interlink between the three core concepts of the study which are FCSWs, sexual violence, and emotional effects.



Bronfenbrenner's Ecological Systems {Simply Psychology}

Cognitive Behavioural Framework

This framework examines how negative beliefs about oneself, often stemming from the experience of violence contribute to emotional distress. Cognitive distortions related to self-blame and victimization can perpetuate mental health issues among FCSWs. According to Stephen et al (2008) one important factor of cognitive behavioural theory is the assumption that cognitive activity and behaviour are fundamentally different. It highlights that cognitive represents covert behaviour concluding thoughts and images. Dobson and Dozois (2001) noted key propositions within the cognitive behavioural framework namely the environment, overt behaviour, and covert behaviour all influence each other.

Empirical Review of Related Literature/Related Research Studies

Commercial sex work is a profession characterized by many dangers such as health risks in its entirety from physical and emotional. A similar study was carried out by Sanders (2004), ethnographic research carried out in a Large British City entitled 'A continuum of risk? The management of health, physical, and emotional risks by female sex workers. The study analyse that the commercial sex industry was characterized by a risk of physical violence, from the study 16 out of 55 women described violent encounters with dangerous customers which involved physical assaults, intimidation, kidnap, and rape. Moreover, the study uncovered the emotional risks faced by FCWs in Britain it explained that 'it identified the emotional aspects in the sex work industry whereby the respondents described how their form of work was emotionally risky because the negative emotions generated by the commodification of their bodies affected their relationships and social identities. Prior empirical studies also attempted to research the psychological effects of selling sex. Rickard (1998) and Farley et al (1998) their studies reviewed the involvement in prostitution as having a direct link to a post-traumatic stress disorder, depression, eating disorder, and drug use. Sanders (2004) concluded his findings by analysing that sex workers considered the emotional and psychological consequences of selling sex as a hazard equal to that of physical violence and health-related concerns.

A study carried out by Hahlani and Kahlamba (2015) in Zimbabwe Gweru Mkomba high density entitled, 'Balancing risks and survival: a study of female sex work as a livelihood pathway in Zimbabwe. The study's main aim was to assess the socio-economic benefits and risks associated with FCSWs. The study uncovered that amongst the 35 respondents' violence and stigma are the highest of the risks found in the industry followed by fraud. They showed that stigmatization behaviour was highly rampant towards the FCSWs to the extent that society did not tolerate them and were made objects of scorn. To support this study findings below is a brief discussion about stigma.

Subcultures and Shame

Briefly, still on the Zimbabwean studies Chikoko (2023) in October carried out a study in Harare Central this study investigated, "exiting commercial sex work a case of Adolescents Street girls of Harare Central Business District. The study reviewed that the street girls who are involved in prostitution activities found it difficult to exit the profession because of criminal related behaviours. Conformity to the street subcultures is one of the many reasons why it is difficult for the girls to leave the profession. Similar to the above study stigma and shame were also cited as another reason faced by commercial sex workers in Harare CBD in which one respondent alluded that; as a commercial sex worker well known for staying in the streets of Harare, she complained of getting constant stigmatization and everyone being shameful towards her. Be that as it may the both the Zimbabwean studies explored insights on how stigma is prevalent within the social confines where they work in due to the nurture of their job. It is important to understand the impact of stigma upon sex workers, such as the tendency to hide their status as sex workers and the resulting social isolation and psychological distress. Sex workers who are afraid to disclose their status as sex workers may also be at a higher risk for not accessing medical or mental health services or receiving proper treatment.

Another study carried out by Mafira (2018) in Ngundu titled, 'sex industry and experiences of female sex workers in Ngundu in which the results showed that the sex workers did not mention any psychological or mental health problems that they have they testified on the coping mechanisms which they use to ward off any emotional interferences which are drug and substances such as cough syrups. Furthermore, on this particular study the commercial sex workers reported being discriminated and stigmatized thus socially rejected due to their professions.

RESEARCH METHODOLOGY

Since this is a psychological study and at some point, it seeks to unravel if sexual violence amongst female commercial workers has an impact on their emotional/mental and social well-being as well as establishing the coping mechanism they engage in two quantitative instruments Burns Anxiety Inventory and Survey Questionnaire was employed for data collection purposes. The Burns Anxiety Inventory (BAI) – for data collection was used to ascertain the emotional impact of sexual violence on female commercial sex workers. Since this tool consists of a section whereby the research respondents will have to score on three categories such as anxious feelings, anxious thoughts, and physical thoughts this will provide an in- depth analysis of the thought processes and feelings and physical feelings experienced by a female commercial sex workers after a traumatic event such as sexual violence had occurred. By using the Burns Anxiety Inventory (BAI) the study ensured reliability and validity by that the tool demonstrated strong psychometric properties, including consistency and test-retest reliability which are essential for ensuring accurate measurement in quantitative studies. Additionally, the Burns Anxiety Inventory (BAI) consists of 33 items rated on a 4-point Likert scale thus allowing for the quantification of anxiety symptoms over a period of time hence making it suitable for statistical analysis.

RESULTS AND DISCUSSION

Three hypothesis statements were formulated during the prologue of the research, the first major hypothesis: was to ascertain the emotional effects of sexual violence amongst female commercial sex workers. The results, significantly support this hypothesis by that; the respondent's scores were moderate to high an indication that sexual violence is a highly traumatic experience for sex workers. Mujtaba (2024) alludes that the Burn Anxiety Inventory is primarily used to assess anxiety levels however this study provided insights and a glimpse into other mental illnesses as discussed below;

For instance, the respondents who are female commercial sex workers with a score between moderately and a lot on the Burns Anxiety Inventory scale which then pinpoints out there is a definite significant change in the effect, emotions, and behaviour after going through a traumatic experience in this case sexual violence which then proves the hypothesis to be valid. Mujtaba (2024) alludes that The Burns Anxiety Inventory is primarily used to assess anxiety levels however this study provided insights and a glimpse into other mental illnesses such as depression.

Burns Anxiety Inventory Findings

Category 1: Anxious feelings

Descriptive Statistics							
	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation
1. Anxiety, nervousness, worry or fear	10	2	0	2	18	1.80	.632
2. Feeling that things around you are strange, unreal, or foggy	10	3	0	3	21	2.10	1.101
3. Feeling detached from all or part of your body	10	2	1	3	19	1.90	.876
4. Sudden unexpected panic spells	10	2	1	3	22	2.20	.632
5. Apprehension or a sense of impending doom	10	3	0	3	19	1.90	.994
6. Feeling tense, stressed, “uptight”, or on edge	10	3	0	3	21	2.10	.994
Valid N (listwise)	10						

Table 1: Descriptive Statistics Anxious Feelings Category 1 of Burns Anxiety Inventory scores

Source SPSS

Burns Anxiety Inventory scores key
0= not at all
1=somewhat
2=moderately
3=a lot

Most scores on anxious feelings showed a number of respondents ticking on number 3 on the items which indicates (a lot). Therefore, it can be argued that anxiety is prevalent among sex workers due to exposure to violence, stigma, and high-risk environments, therefore this indicates that there is a correlation between past trauma and ongoing violence with significant anxiety symptoms for example in the statistics shown above “unexpected panic spells” is major anxious feeling symptom recorded with a higher score among the respondents.

Common mental health disorders amongst female commercial sex workers.

Depression- 70% of respondents had cross-pollinating symptoms that are also associated with depression melancholia or major depressive disorders these symptoms ranged from difficulty in concentration, feelings of detachment, apprehension, or a sense of impending doom all these fit into the DSM 5 symptomatic criterion for depressive disorder. This means that the female commercial sex workers in Epworth paBooster have a high chance of being diagnosed with major depressive disorder.

Post-traumatic stress disorder is another mental disorder with symptoms that were found to be present in the Burns Anxiety Inventory results done with female commercial sex workers in Epworth Zimbabwe. At least 70% of the respondents answered with either 2 or 3 under the category 2: physical symptoms which are; feeling faintness and light-headedness, nervousness, feeling scared or fearful, and an inability to relax. All that is common in Post Traumatic Stress Disorder due to persistent stress and hypervigilance. These findings also give basis to the fact that sexual violence in the past can trigger negative emotional reactions in the present. This is according to Kinnear (2007) who addresses the impact of past sexual violence on present emotional reactions.

Obsessive compulsive disorder- Via the Burns Anxiety Inventory assessment certain scores exhibited higher anxiety levels associated with obsessive thoughts and compulsive behaviours. According to APA (2024), obsessive-compulsive disorder (OCD) is a disorder in which people have recurring, unwanted thoughts, ideas, and sensations (obsessions) to get rid of the thoughts they feel driven to do something repetitively (compulsions). Be that as it may, in this study, the Burns Anxiety Inventory psychometric tool correlates with OCD symptoms in several ways giving evidence to the fact that sexual violence can influence the emotional well-being of the survivors leading to the onset of various mental disorders such as OCD. The respondents recorded a lot of feelings of fear and nervousness which aligns closely with the intrusive thoughts and compulsive behaviours seen in OCD.

Panic disorders- quite a number of the research participants had relatively higher scores on symptoms such as palpitations or accelerated heart rate, shortness of breath which is a frequent symptom reported by people with panic disorders, trembling or shaking, dizziness or light-headedness, and shortness of breath. All these symptoms are often observed during episodes of intense anxiety linked to panic disorders.

Conclusively, female commercial sex workers who have experienced sexual violence in their line of work have noticeably higher anxiety levels with symptoms that overlap in reflecting the presence of other psychological disorders.

CONCLUSION

Using the Burns Anxiety Inventory, emotional effects of sexual violence in the commercial sex work industry were able to be clearly outlined. These includes the anxious feelings, anxious thoughts and physical symptoms the results from the test shows a significant number of young women who are in the moderate to severe spectrum of anxiety. The Burns Anxiety Inventory as a comprehensive psychological assessment tool have clearly and comprehensively explained different emotions in a lay man's language. The outline of symptoms in the scoring process showed mental disorders that the respondents might possibly have or develop these were **panic disorder**, **post-traumatic stress disorder**, **obsessive compulsive** disorders as well as **depression**. This was easily identified due to the popular presenting symptoms associated with each disorder. However, further investigation using specific diagnostic tools which is not BAI for each illness for proper diagnosis is highly recommendable.

Therefore, the research strongly supports the hypothesis that sexual violence has a profound emotional effects on commercial sex workers.

RECOMMENDATIONS

To critically address the emotional effects of sexual violence in Epworth and beyond a holistic and multifaceted approach in addressing the issues is required. These includes but not limited to;

Human rights and laws- by adhering to the upliftment of human rights, if the rights of the commercial sex workers are respected, they will be able to work in environments that are safe and free from sexual violence. This is so because if any human rights violation receives a stiffer penalty from the law enforcers. This will then reinforce good behaviour from the clients of the commercial sex workers to not dare commit any crimes against commercial sex others just like to anyone else the penalty will be stiffer. This can only happen if policies and the laws adhere to the international instruments such as the CEDAW and SADC Protocol on Gender and Development must be domesticated.

Mental health services - must be free and easily accessible for all not eliminating service delivery based on the sexuality, profession, age, marital status or social status. All points of health facilities such as local clinics, hospitals must have qualified personnel who offers on spot counselling services to victims and survivors of sexual violence and any other form of violence. The services must be non-discriminatory and confidential that also includes digitalized referral pathways such as telemedicine options.

Education and sensitization about sexual violence and its psychological emotional consequences. This study reviewed that the female commercial sex workers had little to no knowledge about the state of their mental health as some viewed the symptoms as normal experiences. By educating the sex workers with viable knowledge on the characteristics of various mental disorders this can help them to seek help in a timely manner. For example, integrating health education into community programs.

Society gate keepers engagement, discrimination and stigmatization of commercial sex workers is also embedded in the religious and cultural worldviews hence it is important to engage leaders such as chiefs, Kraal heads, local member of parliaments and church pastors and prophets so as to educate them on how they can dismantle the detrimental norms and values which shun, judge and impedes on the rights of the commercial sex workers perpetuating a never ending circle of violence and debilitating emotional effects.

Support groups and rehabilitation, the introduction of support groups within the commercial sex work industry is vital so as to avoid maladaptive coping behaviours. The support groups can be resourced with knowledge on how to cope after a traumatic experience using relaxation methods together with psychosocial support techniques.

REFERENCES

1. AidsFonds (2016). Hands-Off, Reducing violence against sex workers. Sexual Rights Centre. Retrieved from www.aidsfonds.org
2. Aloba, E., & Ndifon, R. (2014). Addressing Prostitution Concerns in Nigeria: Issue, Problems and Prospects. *European Scientific Journal* 10, 57-65
3. American Psychiatric Association (2024). What is obsessive compulsive disorder. Retrieved from <https://www.apa.org/topics/ocd>
4. Crosby, A.E., Han, E., Ortega, L.A.G., Parks, S.E., Gfroerer., & Centers for Disease Control and Prevention (2011). Suicidal thoughts and behaviours among adults aged 18 years in United STATES 2008-2009. *MMWR Surveill Summ* 60 (13) 1-22
5. 5.Bartely, P. (2000). Prostitution, Prevention and Reform in England. London and New York: Routledge
6. Beattie, T.S., Smilenova, B., Krishnaratne, S.& Mazzuca, A. (2020). Mental health problems among female sex workers in low and middle-income countries: A systemic review and meta-analysis. *PLoS medicine* 17, (9)
7. Barker, B., Hadland, S.E., Dong, Shannon, K., Kerr, T.& DeBeck, K. (2018) Increased burden of suicidality among young street-involved sex workers who use drugs in Vancouver Canada. *Journal of Public Health* 41 (2) 152-157
8. Bhatasara. S and Chiweshe .M, K (2022). Intervention in sexual and gender-based violence and Covid-19 in Urban Zimbabwe. *Antipode* 19, 1-5
9. Bronnfenbrenner, U. (1994). Ecological models of human development. *International Encyclopaedia of Education* 3(2) 37-43
10. Chikoko, W. (2023). Exiting Commercial sex work: a case of adolescent street girls of the Harare Central business District in Zimbabwe. *Journal of Human Rights and Social Work* 8, 389-397
11. Farley, M. (2004). Bad for the body, bad for the heart: prostitution harms women even if legalized or decriminalized. *Violence Against Women*, 10(10). 1087-1125
12. Hahlani, C.D &Kahlamba, B.M. (2015). Ba Mkoba high density slancing risks and survival: a study of female sex work as a livelihood pathway in Zimbabwe's Mkoba high density suburb of Gweru. *Journal of Sustainable Development in Africa* Clarion University of Pennsylvania 17, (2)

13. Jewkes, R. & Astbury, K. (2018). Intersections of sex work mental ill health, IPV and other violence experienced by female sex workers findings from a cross-sectional community centric national study in South Africa. *International Journal of Public Health* 18 (22)
14. Jeal, N. (2024), Feasibility Study of an intervention to reduce illicit drug use in female drug dependent street workers, Health Research Authority 'NHS'. *An International Journal for Research, Intervention and Care* 25
15. Kanyemba, B, Stacey, M, and Equal Africa (2019) Violence Against sex workers in Africa. *Journal of Africa Sex Worker Alliance*, 84-100
16. Kinnear, K.L. (2007). *Childhood Sexual Abuse: A reference handbook*. Santa Barbabara, CA: ABC-CLIO
17. Klonsky, D., May, A. & Saffer, B.Y. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology* 12q,307-330
18. Laisuklang, M. G, and Ali, A (2017). Psychiatric morbidity among female commercial sex workers, *Indian Journal of Psychiatry*, 71-80
19. Mackinnon, C.A. (1979). *Sexual Harrasment of working women: a case of sex discrimination*. New Haven: Yale University Press
20. Mafira, N.C. (2018). Sex industry and experiences of female sex workers in Ngundu, Zimbabwe. University of Venda. Retrieved from www.univendspace.univen.ac.za
21. Mcleod, C.L., Reynolds, J.H & Delate, R. (2024). Violence Against Women who sell sex in Eastern and Southern Africa a scoping review
22. Michigan State University Centre for Survivors, (2024). A handbook for survivors of sexual assault. Michigan Coalition to End Domestic and Sexual Violence 18, 100-121
23. Mcleod, C.L., Reynolds, J.H & Delate, R. (2024). Violence Against Women who sell sex in Eastern and Southern Africa a scoping review
24. Mujtaba, M. (2024). Burns Anxiety Inventory Tools, *Psychology Roots* 8, 16-20
25. Ngugi, E, N., Roth, E., Mastin, T., Nderitu, M.G., & Yasmin, S. (2012). Female sex workers in Africa: Epidemiology overview, data gaps, way forwards. *Journal of Social Aspects of HIV/AIDS* 9, 1-3
26. Sadati, A.K., Zarei, N., Argasi, H & Heydari, S.T. (2019). Experience of violence among street prostitutes a qualitative study in Shiraz, Iran. *Journal of injury & violence research* 11(1), 21-28
27. Sanders, T. (2004). A continuum of risk, The management of health, physical, and emotional risks by female sex workers. *Sociology of Health &Illness* 26 (5), 557-574
28. Truschel, J & Fazel, F. (2022). Depression Definition and DSM-5 Diagnostic Criteria. *Health Central* 31, 3-7
29. UWA (2019). The science of emotion: exploring the basics of emotional psychology. *Psychology and Counselling News* 22, 9-16
30. Vanwesenbeeck, I. (2011). Sex Work Criminalization is barking up the wrong tree. *Archives of Sexual Behavior* 46(45)
31. Zirima, H. (2024). *Understanding common mental health disorders*. Harare, Atcumbre Publishers.