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GRADUATE SCHOOL OF SOCIAL SCIENCES
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MASTER'S THESIS

**COMPARISON OF LIFE SATISFACTION AND MENTAL STATUS BETWEEN
NIGHT CLUB AND STATE AGENCY WOMEN WORKERS IN TRNC**

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DECLARATION

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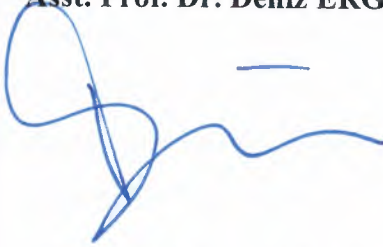
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ABSTRACT

Comparison of Life Satisfaction and Mental Status between Night Club and State-agency Women Workers in TRNC

Prepared by: Ebru Çorbacı

June, 2016

This study is based on the night club workers, psychological symptoms and life satisfaction. Furthermore, it is aimed to have an objective point of view for sex work in North Cyprus.

In this study, cross sectional design was used. Seventy volunteer participants were recruited by using nonprobability sampling method. The data collection was carried out by the researcher. The present study included 35 night club and 35 state-agency women workers with a total of 70 participants who were within the age range of 18 and above, who speak and read very good Turkish language. The participants were interviewed by researcher and asked to complete Socio-demographic form, Brief Symptom Inventory (BSI) and The Satisfaction with Life Scale.

Present study demonstrated that sex workers didn't have any psychological problems and low life satisfaction when compared with state-agency workers. On the other hand state-agency workers have higher mean rank in somatization and obsession subscale of BSI. Sex workers in North Cyprus have good working conditions which are luxury and they are planning to do this job for financial benefits for a long time. That may be a reason for the fact that they were not suffering any psychological problems due to their job.

Key words: Prostitution, Mental health, Sex works, Life satisfaction, North Cyprus

ÖZ

KKTC’de Gece Kulüpleri ve Devlet Çalışanı Kadınların Ruh Sağlığı, Yaşam Doyumlarının Karşılaştırılması

Hazırlayan: Ebru Çorbacı

Haziran, 2016

Bu çalışma KKTC’deki gece kulüplerinde çalışan kadınların, psikolojik belirtilerini araştırmak, yaşam doyumları ile ilgili bilgi sahibi olmak ve seks işçiliğine objektif bir yaklaşım getirme amacı taşımaktadır.

Bu çalışmada kesitsel araştırma deseni kullanılmıştır. 18 yaş ve üzeri çok iyi derecede Türkçe konuşan, yazan 35 gece kulübü ve 35 devlet çalışanı toplam 70 gönüllü kadın katılımcı amaçlı örneklem yöntemi ile araştırmaya alınmıştır. Çalışmada katılımcılara, araştırmacı tarafından hazırlanan sosyo-demografik bilgi formu, kısa semptom envanteri (KSE) ve yaşam doyumu ölçeği uygulanmıştır.

Bu çalışmada seks işçilerinin herhangi bir psikolojik sorun belirtisi veya düşük yaşam doyumunu bulunamamıştır. Öte yandan seks işçileri ve devlet çalışanı kadınların karşılaştırmasında, devlet çalışanı kadınların, kısa semptom envanteri somatizasyon ve obsesyon alt ölçek puanlarında yüksek ortalama bulunmuştur.

Kuzey Kıbrıs’ta gece kulübü çalışanlarının tümü, işlerini kendi istekleri ile yapmaya devam ettiklerini ve işe girerken işleri hakkında bilgi sahibi olduklarını bildirmiştir. Gece kulübü çalışanlarının iyi çalışma koşulları bulunmakta ve ekonomik sebepler yüzünden işlerini devam ettirmeyi düşünmektedirler. Bu nedenle gece kulüplerinde çalışmak herhangi bir psikolojik sorun ya da düşük yaşam memnuniyeti nedeni değil. Farklılık bulunmamasının başka bir açıklaması ise çalışma için kulübünde araştırma yapılmasına izin veren gece kulübelerinin lüks kulüpler olmasıdır.

Anahtar Kelimeler: Fuhuş, Seks işçisi, Ruh sağlığı, Yaşam doyumu, Gece Kulübü

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TABLE OF CONTENTS

ABSTRACT.....	i
ÖZ.....	ii
ACKNOWLEDGEMENT.....	iii
TABLE OF CONTENTS.....	iv
LIST OF TABLE.....	vi
ABBREVIATION.....	viii
1. INTRODUCTION.....	1
1.1 Prostitution	1
1.2 Sex Worker or Prostitute.....	1
1.3 Northern Cyprus Nightclub Overview.....	2
1.4 Northern Cyprus "Night Clubs and Other Entertainment Places Act" ..	3
1.5 The Measures Taken to Prevent the Exploitation of Night Clubs Workers in North Cyprus.....	4
1.6 Mental Health.....	4
1.6.1 Mood Disorders and Suicide.....	5
1.6.2 Posttraumatic Stress Disorder.....	5
1.7 Life Satisfaction.....	6
2. LITERATURE REVIEW.....	8
2.1 Mental Health Related With Prostitute.....	8
2.2 Review of Literature Life Satisfaction Related With Female Sex Workers.....	11
2.3 Review of Literature Male Sex Workers	15
2.4 Sex Worker Female Violent Victimization Researches.....	16
2.5 Childhood and Adolescent Related Victimization Prostitution Researches.....	19
3. METHOD OF THE STUDY.....	21
3.1 The Importance of the Study.....	21
3.2 The Purpose and Problem Statements of the Study.....	21
3.3 Population and Sample.....	21
3.4 Hypothesis	21
3.5 Instruments and Measures	22
3.5.1 Socio-demographic Variables.....	22
3.5.2 Brief Symptom Inventory (BSI).....	22
3.5.3 The Satisfaction With Life Scale.....	23
3.6 Procedure.....	23
3.7 Ethical Considerations.....	24
3.7 Limitations.....	24
4. RESULTS.....	26
5. DISCUSSION.....	45
6. CONCLUSION AND RECOMMENDATIONS.....	49
REFERENCES.....	

APPENDICES.....	
Appendix 1 Informed Consent.....	
Appendix 2 Personal Information Form.....	
Appendix 3 Brief Symptom Inventory.....	
Appendix 4 Life Satisfaction Scale.....	
Appendix 5 Curriculum Vitae.....	
Appendix 6 Ethics Committee Approval.....	

LIST OF TABLE

Table 1. Frequency of Nationality of Sample.....	26
Table 2. Frequency of Educational Level of Sample.....	27
Table 3. Frequency of Marital Status of Sample.....	28
Table 4. Distribution of Night Club Work Experience.....	29
Table 5. Distribution of Some Characteristics Sex Work.....	31
Table 6. Distribution of Night Club Workers Thoughts about Their Jobs.....	32
Table 7. The Mann Whitney-U Results of the Comparison of the Age and Occupation.....	33
Table 8. Comparison of Education Level and Occupation.....	33
Table 9. Comparison of the Marital Status and Occupation.....	34
Table 10. Comparison of Monthly Income and Occupation.....	35
Table 11. Comparison of Number of Children and Occupation of Night Club Workers and State Agency Workers.....	36
Table 12. Comparison of Parent's Marital Status and Occupation of Night Club Workers and State Agency Workers.....	37
Table 13. Comparison of the Main Reason for Starting Work and Occupation.....	38
Table 14. The Mann Whitney-U Results of the Comparison of the mean scores of Global Severity Index of BSI and Occupation.....	39
Table 15. The Mann Whitney-U Results of the Comparison of the mean scores of Somatization subscale of BSI and Occupation.....	39

Table 16. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Obsession subscale of BSI and Occupation.....	40
Table 17. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Interpersonal Sensitivity subscale of BSI and Occupation.....	40
Table 18. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Depression subscale of BSI and Occupation.....	41
Table 19. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Anxiety subscale of BSI and Occupation.....	41
Table 20. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Hostility subscale of BSI and Occupation.....	42
Table 21. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Phobia subscale of BSI and Occupation.....	42
Table 22. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Paranoid subscale of BSI and Occupation.....	43
Table 23. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Psychotism subscale of BSI and Occupation.....	43
Table 24. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Additional item subscale of BSI and Occupation.....	44
Table 25. The Mann Whitney-U Results of the Comparison of the mean ranks scores of Life Satisfaction Total of BSI and Occupation.....	44

ABBREVIATION

VAW:	Violence Against Women
WHO:	World Health Organization
TRNC:	Turkish Republic North Cyprus
PTSD:	Posttraumatic Stress Disorder
UDHR:	Universal Declaration of Human Rights
TRNC:	Turkish Republic North Cyprus
BSI:	Brief Symptom Inventory
GSi:	Global Symptom Index
SOM:	Somatization
OC:	Obsessive Compulsive
INS:	Interpersonal Sensitivity
DEP:	Depression
ANX:	Anxiety
HOS:	Hostility
PAR:	Paranoid Ideation
PTSD:	Post Traumatic Stress Disorder
SWLS:	The Satisfaction with Life Scale

1. INTRODUCTION

Prostitution and violence against sex workers in this industry, living conditions, working conditions in recent years have been one of the popular topics discussed various aspects. However, there is no enough study done on sex works negative impact or their social life in Turkey. In addition, there is no any research done on this subject in North Cyprus. So the number of references on sex workers studies in Turkey and also Cyprus is not yet sufficient.

1.1 Prostitution

Prostitution terms had described in different ways by various institutions. For example, Turkish Language Intuition (TDK) defined prostitution as without following the rules of society and had sexual intercourse for money with one or a few people (TDK, 2015). The Universal Declaration of Human Rights (UDHR) Commission's defined prostitutes as "a result of certain socio-economic status, whether sex men in exchange for money as the service sector should be a woman" with customers ", whether gender is male or female" employee "is a professional service in determining the relationship (Universal Declaration of Human Rights Commission Report, 1997 as cited: Özerdoğan et al., 2006; Babaoğlu et al., 2011)

1.2 Sex Worker or Prostitute

In respect to Universal Declaration of Human Rights (UDHR), the prostitute or other identification in order to emphasize that only a job used "sex worker" term (UDHR, Report, 1997 as cited: Özerdoğan et. al., 2006). But this term does not uses all word. The researchers or society generally use prostitute term for these women (Babaoğlu, et al., 2011; Karandicar et al., 2011; Church, et al., 2001; Lalor, 2000).

1.3 Northern Cyprus Nightclub Overview

US Report illustrates that in North Cyprus, sex women came from China, Pakistan, Philippines, Turkey, Turkmenistan, and Vietnam and they were forced for prostitution in night clubs which are allowed to be certified and regulated by Turkish Cypriots. The owners of the Nightclubs tribute to the Turkish Cypriot management, approximately 12 million dollars every year as media reports demonstrated. In addition, there are numerous women who enter the “TRNC” from Turkey as a role of short time tourist or student and these women become sex workers in certain apartments in various cities in North Cyprus. Turkish Cypriot authorities did not make an endeavour about finance towards anti-trafficking circumstances. Furthermore, police confiscated night club workers passports. Cyprus police is responsible to preserve these women’s rights in order to prevent any abuse by nightclub owners who captured records (US. Department of State, 2015).

Human trafficking is made in TRNC, because the candidate to be executed in the sex industry and women’s passports are confiscated by the state. These issues are discussed from time to time by the media (İçer, Kıbrıs Postası; Göynüklü, Ceren). It is the most common human trafficking kind prostitution or sexual exploitation (Derks, 2010).

According to TRNC Interior and Labor Ministries Annual Report (2015), there are 39 active night clubs in North Cyprus.

1.4 Northern Cyprus "Night Clubs and Other Entertainment Places Act"

Article 15 of this law is related to the operation of the hostess in the Turkish Republic of Northern Cyprus. Hostess will also run nightclubs must obtain permission from the Commission. Hostess not is employed in bars. The number of nightclub hostess will run, the facilities offered to employees and customers with the capacity of night clubs is determined taking into account the Commission. However, this number cannot be more than twelve (12).

At first, workers came in to the county with permission of being night club hostess, the night clubs owner's immediate state of health checks in the hospital should make the relevant units of the hostess. Then the Ministry itself, issued separately on behalf of each hostess a Work Permit is issued for a period up to a maximum of six months. Work booklet area of Police Headquarters to be kept during their stay in the country for the hostess passport is delivered to the Immigration Department. According to Aliens and Immigration Act. in the case of a negative medical report, they are immediately deported in TRNC from the date they apply for a work permit in the event of a failure within five business days. Taking necessary permission of Northern Cyprus would be responsible for the running of their respective owners and nightclub hostess brought to the residence of the Turkish Republic. Night club workers will be provided by the owner of the residence, not the place should be a separate and distinct connection with a night club. They are provided for elsewhere in the nightclub work rationing cannot be employed or transferred to another night club. They can stay up to six months from the date of entry in the country. To get permission for departing from the front again, it is possible as long as they stay at least two months abroad.

Night club workers before the deadline for his request to remain in the country separated from the country. Finally, the hostess should make the health checks regular only in public hospital. Night club workers with the work of an infectious disease in check results will be cancelled permits and are deported. (Turkish Republic of Northern Cyprus Ministry of Interior and Ministries, 2015)

1.5 The Measures Taken to Prevent the Exploitation of Night Clubs Workers in Northern Cyprus

Firstly they had complained line. The complaint line number is 157. Night Clubs workers coercion, oppression, exploitation and abuse they suffered urgent cases, they might want to help, there is a Russian speaking staff by 24 hour 157 complain line. According to Annual Report, a total of 11 people applied helpline (157) in 2014 and they found the solution for they problem. In addition according to the annual report, a total of 6 women in this way were accommodated in the shelter.

The second measures taken to prevent the exploitation of night clubs workers they were prepared brochures. This brochures give information hostess about their legal rights and emergency help line phone numbers. This brochures distributed there to enter the country (TRNC Interior and Labor Ministries Annual Report, 2015).

1.6 Mental Health

World Health Organization (WHO) defined welfare as a state of being totally healthy in terms of bodily, intellectual and social well-being, and being getting a way of any disease. The organization combined health with well-being of mental disorders, the treatment and the recovery process of mental disorders (WHO, 2015).

Psychoanalysts defined mentally health as balance. They described the state of balance between ego-superego.

Healthy people to adapt to the environment as well as it were capable of providing the opportunity to urge satisfaction (ego) and who can listen to the voice of the superego (Öztürk et al., 2014).

1.6.1 Mood Disorders and Suicide

Mood disorders have seen in two basic moods. These are Depression (unusual sadness, grief) and mania (intense and unreal excitement).

Diagnostic criteria for DSM 5 defined Depression as who person have excessively sadness, anxiety, feeling guilt, feeling wordlessness, loss of interest, loss of sexual desire of emotion, not interest usual activities. They mood are depressed and unhappy, pessimistic. Sometimes feel loss of all sense. They lost of concentrate and were difficulty in making decisions. They have problems of sleep and appetite. Moreover, other main criterions include that if a person who has five symptoms which continues at least two weeks with possessing clinical wise crucial disturbance in social and work environments or other crucial parts of running in almost every day (Köroğlu, 2013; Butcher et al., 2013).

Depression is a known as a worldwide psychological disorder that causes disability in an individual's life. Universally, nearly 400 million people are under the influence of depression. Women are possibly tend to be influenced when compared to males (WHO, 2016).

1.6.2 Posttraumatic Stress Disorder

In DSM-5, Posttraumatic stress disorder (PTSD) converted as Trauma and Stressor Related Disorders in a current section. PTSD is addressed as being an anxiety disorder and there has occurred more than a few changes, not only for public and professional discussion (Levin et al., 2014).

PTSD is characterized by the symptoms including experience to a traumatic occasion in which a person came across with a perceived danger of loss, severe damage or witnessing a traumatic event that threatens one's life.

Any individual can develop PTSD because more than 50% of people experience a trauma in their lifetime. PTSD symptoms were examined generally three main groups. Firstly, individual remember the distressing incident repeatedly and then show escaping behaviours to stimuli which caused trauma and emotional responsiveness. Finally, increased arousal of symptoms can be observed in a patient's life (Emekli, 2011).

1.7 Life Satisfaction

It should be explained before explaining the concept of satisfaction. Satisfaction, fully borne by the individual's needs and desires (Myers & Diener, 1995).

The life satisfaction is the individual's entire life in line with its own set of criteria for positive evaluations. In studies investigating the life satisfaction didn't found gender, race, income among the factors life satisfaction. Life satisfaction affects psychological variables such as close relationships, being happy, and culture (Çeçen, 2008; Özer& Karabulut, 2003; Dost, 2007; Myers & Diener, 1995).

Life satisfaction can affect many things. Life is general description so general of life is assessed. It is mentioned in three parts that affect life satisfaction. First, the criteria for comparison outside the individual's life result of well-being, the second is evaluate them self-life and result of well- being, last one is person do his daily work end fell well being. Business of life affects people life satisfaction. Business conditions have been sometimes risk factor, sometimes protective factors (Tümlü & Recepoğlu, 2013).

Life satisfaction and psychological well-being can negatively affect stressful job events, less monthly income, long working hours, poor family relationships, poor social life (Forne et al., 1992; Ünal et al., 2001; Dursun & Iştar, 2014). While Özdevecioğlu and Doruk (2009) define life satisfaction is emotional reaction and general attitude all life. Family roles are the factors affect people's work and life satisfaction. Struggle in work and home places are influential on life gratification. Workplace dissatisfaction is reflected in the person's entire life. In this case, it may cause a decrease in life satisfaction (Dursun & Iştar, 2014).

According to Diener (1995), positive emotions can positive affect life gratification. Sense of coherence has a considerable impact on life satisfaction. However, being female or male, or the age factor had no relation with sense of coherence and life satisfaction (Moksnes et al., 2013).

2. LITERATURE REVIEW

2.1 Mental Health Related With Prostitute

In study related to sex workers suicide attempts results show that, women who had attempted suicide they sexual experiences in younger age. This means it is effective fist sexual experiences age. On the other hand, workers in the sex industry parental relationship is related becoming sex workers, or having a high depression score (Hong et. al., 2007).

Ullibarri and her colleagues investigated the history of abuse and indications of mental problem in woman workers in the sex industry in the two Mexico cities. They contacted 916 female consenting sex workers. The result of research indicated the increase or decline at the same time between the existence of abuse and high depressive symptoms. Physical and sexual abuse were also revealed to be considerably related and moderately significant with the elevated level of somatic symptoms. In addition, social support has a vital impact on the distress signs; nevertheless (Ullibarri et al., 2009).

In another study according to a survey conducted in Mexico. The study included 103 sex workers. The selection criteria were that the participants carried out sex work, were aged between 18 and 65 years, and knew how to read and write. They found that, bad or very bad mother-daughter relationship predicted 75% of the cases of depression. In addition emotionally abused by their partner predicted 91% of suicide risk. Suicide risk were harmful effects on participants' health. Suicide risk was a harmful effect on their paid work (Forteza et al., 2014).

In literature sex works study's results show that, do not only meet criteria for depression. Participants had different kind of psychological distress such as drug-alcohol addiction, post-traumatic stress disorder, feared being infected by HIV or

other sexually transmits illness (Chudakov et al., 2002; Gilchrist & Gruer, 2005; Qiao, et. al, 2014; Nunen et al., 2013). For example a research investigated that mental health of sex workers in, Israel. The recruited 55 women were chosen from venues where they do sex and assessed by utilizing the Farley questionnaire while observing the items for PTSD and state of being depressive. The results of study show that, majority of participants had encountered criterion for PTSD and 19% participants had clinically depressed (Chudakov et al., 2002).

According to a survey which evaluate dissatisfaction sex workers life effective factor mental health. The ramifications of the present study illustrated that sex workers who tried to commit a suicide or attempt to such an event were more possible to declare that they use substance because their life is not satisfactory. Additionally, participants who become sex worker were reporting that they had one or many constant sex clients, experienced sexual pressure in the previous half of the year or had a past with disease such as AIDS. On the other hand, workers who had no ideation of suicide or attempt were found to not having a constant partner or they became sex worker due to the needs of money or being affected by peers (Hong et. al., 2007).

According to a survey of persons engaged in prostitution are exposed to violence in Nigeria. The study found that most common form of violence was sexual violence (Fawlove & Dagunduro, 2014)

Potterat and his colleagues (2015) investigated death ratio with a longitudinal study open cohort of prostitute women. The data were collected from the police and health department records in Colorado. The researchers focused on the grounds of the deaths of prostitutes. It was revealed that hostility and substance use were fundamental grounds of mortality.

Furthermore, the deaths were occurring in the zones of sex working and the screening time of the participants. The deaths were leaning the basis of the deficiency problems in immune system by the prostitutes who vaccinate illegal substances or had a past with such disease.

Another study in Glasgow, Scotland, studied the substance consuming and psychiatric morbidity among sex workers and other women substance consumers. They investigated the morbidity in 176 woman drug consumers with lifelong participation in sex industry and 89 consumers with no participation in Scotland. As a consequence of this research, it was found out that the ratio of adulthood abuse among sex workers might show the high levels the existence of sex workers than other women confront the criteria for recent devastating thoughts and lifespan suicidal conducts. But, no significant difference were found in the total scores of neurotic sign between prostitutes and non-prostitutes (Gilchrist et al., 2005).

Bassel and his colleagues, investigated sex trading and mental distress between females who were conducted from Harlem streets. The study consisted of 346 women. They were branded "Sex traders" as females who experienced all sex types for financial support or substances throughout one month period of sessions ($n = 176$) and women who had never experienced such sex activities for financial support or substances ($n = 130$) branded as "non-sex traders". As a consequence of this study, high mean scores of mental distress of sex traders were found (Bassel et al., 1997).

2.2 Review of Literature Life Satisfaction Related With Female Sex Workers

According to the outcomes in a research conducted in Hong Kong, higher parental back and existence of depressive symptoms were found to be meaningfully linked with psychological well-being which is related with life quality in overall inhabitants. Among those with gloomy symptoms, family support was found to be related with a favourable psychological wellbeing based on the life superiority in women but not men (Nan et al., 2013).

In another study's result found that only child statues was significantly leading with stress or discontent (Chu et al., 2015)

A research investigated that psychological and bodily wellbeing of female sex workers in, New Zealand. The purpose of the study was to evaluate psychological and bodily wellbeing, adult maltreatment histories and social networks of female sex workers with data which are formerly gathered from more than one society's samples whom ages of women are nearly the same. Participants were consisted of nearly 30 workers and interviewed in Dunedin and Wellington. The study revealed no difference in psychological wellbeing on the GHQ-28 or in confidence among groups. Neither of the groups found any alterations in their evaluation of bodily well-being or the communal networks superiority. Prostitutes were found to be less possible to marry and they are exposed to mainly physical and sex related abuse types by adults when it is compared with comparison group. One of the three in the group claimed that their general consultants were not conscious about what they were doing. A subgroup who is not employing with steady consumers or in a massage parlor had higher scores in the scales that was used and

can be an at hazard group (Romans et al, 2000). Sex workers are exposed to prejudice by society or their family member. This is importance point they related them self's dissatisfaction their life's.

A research about Life satisfaction female sex workers consisted of 65 female participants who were chosen randomly in Chennai. The result of the study show that, though being isolated from their relatives and carry a bad name in the society, they still feel satisfied as they can serve their family and children. No significant results were revealed in the mean of self-esteem scores among respondents, based on the customers' figures who take part in a day and additionally, the mean scores of life satisfaction among respondents were rather significant (Susan and Asir, 2014).

On the other hand, another study has focused on the street sex workers. They found that, these workers show avoidance towards health personnel and police officials in previous years due the fact that they have fear of shame or the consequences of meetings with these authorities. Furthermore, majority of the women were struggling on drug injections due to their dependence which was related to sexual job. This issue was pointed of for both trading sex for substances and the worker who had gave up from being prostitute. At the end of this study, the participants were being started for suitable treatment and rehabilitated. With a specific program called PAR, the damage reduction approach was recognized and program is acknowledged as critical/effective to their continuous engagement with the program. Other vital features were also approved as elastic time periods, the venue of the clinical setting, modern admission to mental wellbeing, management techniques, the gender effect of the police and health professionals. Besides, easy access to law enforcement was supplied (Bodkin et al., 2015).

This people don't leave their job. Voluntary or involuntary they always continuous sex workers. This job has different direction from other jobs.

Another study was aimed to find out the issue of psychological position of prostitutes over various outdoors and indoors work environments and ethnic groups. The ramifications demonstrated that, workers in this industry have ideas which they will not know how to find a good job to get by in their life, paying their debts or purchasing substances hence, this situation leads them to carry on being prostitute (Rössler et al., 2010).

A research conducted in Israel, 55 willing females were interviewed in brothels. Eighty-two percent of participants badly arrived and "trafficked". They found only two people who took part voluntarily in this sector. Fear of sexually transmitted diseases is affective life satisfaction. They use condoms but oral sex is dangerous for sex workers. For the question that asks the condom usage, every one announced that they use it for sexual intercourse. On the other hand, condom is not used for oral sex. Participants declared the difficulty in work circumstances. The average number of clients per day is found nearly 15 and 42% of prostitutes had to work even when they were on their menstrual cycle periods. Nevertheless, majority of the population in the study declared being able to seen back to family in their country of origin. Mothers were also declared that they are financially supportive on their children (Chudakov et al., 2002).

Nemoto and his colleagues investigated that social support is importance for people life but there is a research about transgender sex worker social support and relationship sex work. It is resulted that participants had low back from their biological mothers and fathers, acquaintances who are male or female (Nemoto et al., 2011).

Quiao and his colleagues investigated the fears of females who were paid low in China. Fear from sexually transmitted disease had a correlation with background features. People who have high fear of STI were higher in getting married, being minority culturally and yearly household income whereas they were lower in schooling accomplishment. Participants reported that who with less than one year was sex worker, more afraid of sexually transmitted disease and had younger customers. In addition, there was a positive correlation between fear of sexually transmitted diseases and HIV. They publicised an association between fright of HIC disease and consistent preservative use (Qiao S, et. al. 2014).

Literature show many factors respondents that made women vulnerable to sex working. The first option is poverty and lack of economic opportunities and others options are, low education level and deficiency in the information of sex process work, the existence of sexual harassment in the history, oppressive family attitude of sex workers, personality desire (Röösler et al., 2010; Mosedale et.al., 2009; Daalder et al., 2012; Stoltze et al., 2007; Rosburgh et al., 2006, Farley, 2003; Farley & Barkan, 1998).

However in a research conducted in Bangladesh (2014) results indicate that, majority of participants declared that they do sex work enthusiastically and other grounds were also found that these people are sold, forced and cheated (Hossain et. al., 2014)

2.3 Review of Literature Male Sex Workers

In literature who investigates male sex workers mental health some of these results are as follows. For instance, in respect to the consequences of a study conducted in Vietnam, using a cut off score of ages over 16, majority of sample group had clinical wise reasonable levels of depressive moods.

In a study, the bond among sex, substance use and psychological health signs were explored and regression were used for this study between-city differences. It is revealed that woman who is transgender is more likely to have anxiety problems than transgender man. This is found to be linked to sexual attraction (Goldsamt et al., 2014).

The study conducted by Farley and her colleagues, consisted of 202 participants. They found that, prostitutes are more likely to be exposed to sexual aggression, behaviours or negative attitudes by men. The men who go to night clubs behave so rude towards prostitutes and their scores of hostility, masculinity were so high while the scores of empathy towards female sex workers were low. Also, the ones, who do not go to night clubs, are less likely to treat women in aggressive way. Since, these men do not perceive prostitutes as women in societies. However, the reasons of these different ideas towards prostitutes and woman have no relation with abuse in their history. Furthermore, minority of the males who experienced abuse reported that they are not inclined to mistreat women (Farley et al., 2015).

Patel and his colleagues investigated the elements of depression on males who had sexual intercourse with males in Southern India. The scores of depression were found to be high between males who have experienced sexual intercourse with males who have signs of sexually transmitted illnesses.

These males have no habit on using preservatives during certain sex areas with any clients who use beverages and have debt problems in research process. Participants in any social groups have less possible in reporting depression (Patel et al., 2015).

Farley (2011) revealed a study in manners, behaviours, and demographics of men customers of prostitutes in Scotland. The first use of females by males in sex sector was approximately between the ages of 15 – 50 while the young female adults were most preferred sex workers. Men's pornography watching is found to be correlated to the frequency of prostitute usage. Nearly 20% of males have been found an emotional relationship with females in brothels. One of the participants reported that he goes but has momentary bond with prostitutes and does not feel anything after the sexual course whilst other participant say that females in night clubs are more money-orientated than others.

2.4 Sex Worker Female Violent Victimization Researches

Literature shows that prostitutes are sufferers of violence (Panchanadeswaran et al., 2010; Lalor, 2000; Ullibari, 2009; Roxburgh, 2006). For example, Fawole and Dagunduro (2014), investigated that pervasiveness and relates of hostility against women prostitutes in Nigeria. Sexual hostility is known as the most common type of violence than economic, physical and psychological violence. The chief perpetrators were clients in sexual hostility and brothel management. Sexual hostility was the most practiced by older female prostitutes than age wise young prostitutes, by stable brothel residents and among the ones who were in this sector for more than a certain period of time. In addition, being exposed to any hostility was high more in 30 years aged prostitutes. Sex workers from low to middle class night clubs were more defenceless to hostility. These were people who wedded, used cigarettes, were

constant workers in this sector and were everlasting night clubs inhabitants (Fawole & Dagunduro, 2014).

O'Doherty (2011) investigated the state of being victimized in streets in Canada. She recruited 39 responses and they are asked for scoring the frequency of different types of victimization. The study result show that, 24% of participants declared the existence of bodily victimized as a minimum of once. Customers and police were the chief people who exhibit aggression.

In another study the relationship between post traumatic disorder and violence were investigated. Participants were consisted sex countries in nearly ten countries including Germany, Thailand, and Turkey. The results of this study have shown that, prostitution was multi traumatic for example majority of participants were physical battered in prostitution, most of them reported that they were raped and nearly 90% were eager to give up being prostitute, and they had no decisions for survival if they do. Also, majority of participants had no homes in their lives who are diagnosed with PTSD. In addition, severity of PTSD symptoms had a relation with the various sort of sexual and physical hostility. They also found there is a cultural difference among societies and the behaviours of caregivers vary from one to another country (Farley et al., 2003).

The other study on sex workers partner violence done in Shanghai, China. The research aimed to examine the differences in violence done by clients or partners of prostitutes in emotion related, bodily, and sexual types. The results of this study have shown that deficiency in money support related with personally reported partner violence, as possessing only one person or none in friend support system to promote economically.

Respondents who experienced violence from clients were conversely having a lack of psychosocial support from family and peers. Among sex workers in streets who experienced client initiated violence experiences were including vocal abuse, accompanied by withholding money and bodily abuse regarding a client hits or throws things at them. Moreover, few of the workers declared that they have been forced to have sex in last six months (Jares et al., 2015).

Panchanadeswaran and his colleagues (2010) conducted a study on the profiles of abused female prostitutes and it is found that majority of the females are severely exposed to hostility which is done by customers and then authorities in night clubs. The hostility types were including verbal and physical abuse or unwanted sexual behaviours done by customers. These females were revealed that they were consuming alcohol to be able to endure the customers' violent conducts. Hence, it is concluded that these sex workers are in need for help because they are psychologically disturbed.

Nunen and his colleagues (2014), studied on the substances which are allowed or not by governments among female sex workers in night clubs in Belgium. The study recruited 120 women participants who are interviewed in places such as bars. The study was based on the person to person meetings in order to clear up the study topics. The average age was found 32 and most of the participants were using alcohol, even when they were interviewed.

They were using alcohol nearly more than three times in a week and most of them were using constantly as well who were branded themselves as heavily drinkers. They were using alcohol as a tool to avoid sexual intercourse and increase the sexual service.

Büschi (2014) investigated the sex work and violence in Switzerland. The sample group was fair mixed gender wise. The most important risk in sex industry is revealed hostility. The study focused on the four manager types. They found that small establishments and brothels can be classified as dangerous in terms of violence. Barwomen are found to be in less risky category in this issue.

2.5 Childhood and Adolescent Related Victimization Prostitution Researches

Nadon (1992) investigated that childhood victimization and antecedents to prostitution. The study results show that, 45 adolescent prostitutes and 37 adolescent non prostitutes were interviewed about their background experiences. For example, a history of abuse, violence, alcohol use of parents or parental conflict, drug use in adolescence, self esteem or self worth, home leaving problems are triggering factors for following years to being a sex worker. Furthermore, when women who are sex workers or not compared, the outcome was showing no significant difference in respect to their history of abuse or abuse experience. However, firstly, alcohol and substance usage in prostitutes were considerably notable in their lives when compared to other women. Secondly, the women in sex workers category were exposing to physical violence highly. Hence, it is noteworthy to say that although there is a background for both female categories, it is only a factor which boosts the risk for prostitutes.

A research also conducted on the effect of neglect and abuse in childhood for being a sex worker. Children who were neglected or sexually abused by their parents or other people are higher in this industry. Any problematic conducts have a huge impact on being prostitute. Leaving home from early ages or escaping from school

was conversely not related to the topic. Consequently, these problems can only be counted as a risk element in one's life (Wilson & Widom, 2010).

Another study was also about children in adolescence period in Addis Ababa, Ethiopia by Lanor (2000). Half of the children were started in early ages before 13 when they first took part in this industry. Majority of the children also reported that they exposed rape at minimum once in their life while nearly half of them were declared that they were compulsorily kept in a dark room and used by sex sellers. Because of these bad experiences, most of the children whose ages are younger than 14 became pregnant due to customers or as they want to earn money, sometimes they preferred to mump. In the process of interviews, one of the girls was pregnant, one lost her baby because of the harsh conditions after giving birth while the bad one was died in the streets because of the violence of a customer in a street environment. Most children had no awareness of protectionism whilst rest had no permission to use condoms during sex. Furthermore, majority of the participants reported the existence of violence in streets during sex. To sum up, the discussion of money with customers, abnormal position types during sex, free sex with soldiers or beaten by people who see them as a bad woman without any reasons are the violence types in this study. The reason which pushed them to be sex worker was found to be poverty in this country.

Choi et. al. (2009) studied on the existence of PTSD, distress and the existence of abuse. Participants who confronted with any abuse or violent are more likely to diagnosed with PTSD or suffer from stress related disorders. Therefore, it can be concluded that the harassment is highly dominant on the occurrence of such disorders. Since, the symptoms arouse suddenly and severely with triggering health issues in their life.

3. METHOD OF THE STUDY

3.1 The Importance of the Study

Prostitution and violence against sex workers industry, living conditions, working conditions in recent years has been a crucial problem in the world. However, in the literature there is a gap in North Cyprus (TRNC) because of the deficiency in terms of the researches in this topic.

3.2 The Purpose and Problem Statements of the Study

The study was aimed to find out the psychological symptoms of nightclubs workers' who speak Turkish, to identify their life satisfaction and it is intended to bring an objective point of view about sex work in North Cyprus (TRNC).

3.3 Population and Sample

The study was included 70 female participants who were within the age quotas of 18 and above who can speak Turkish with a good level. Participants were separated into two groups as night clubs and state agency workers. In total data, there were 35 night club workers and 35 state agency woman workers who were analyzed.

3.4 Hypothesis

1. Is there any significant difference between life satisfaction night club workers and state agency women workers?
2. Is there any significant difference between psychologically healthy night club workers and state agency women workers?

3.5 Instruments and Measures

3.5.1 Socio-demographic Variables

The socio-demographic variables were consisting of age, marital status, schooling level, job, individual salary, number of kids, and sum of people they had sex, parents' educational level, parents' income level. Others questions were also concerning on the participant's families whether they exposed to violence at their home, how many years they work in here, the age of starting this work, etc.

3.5.2 Brief Symptom Inventory (BSI)

Brief symptom inventory is a scale that people report their overall evaluation of psychopathology symptoms of mental distress which are experiences in last few (Broday & Mason, 1991; Derogatis & Melisaratos, 1983). The BSI is a self-report scale that was developed from a longer precursor, the Symptom Checklist-90-R (SCL-90-R), (Derogatis, 1992). The items are evaluated on a scale that ranges from 0 (never) to 4 (always). Subscales evaluate nearly ten primary symptom dimensions.

The General Severity Index (GSI) is a weighted frequency score based on the sum of the ratings of all items. Derogatis and Melisaratos (1983) reported a mean GSI score of 1.32 ($SD = 0.72$) among a sample of 1,002 psychiatric outpatients and a mean of 1.36 in a sample of 313 psychiatric inpatients; the non-patient norm was $M = 0.30$ ($SD = 0.31$). Previous studies have found very good test-retest and internal consistency reliabilities and high correlations with the comparable dimensions of the Symptom Checklist-90-Revised (Broday & Mason, 1991; Derogatis & Cleary, 1977; Derogatis & Melisaratos, 1983).

The Turkish adaptation of the scales was conducted by Şahin and Durak 1994 which has a Cronbach's alpha of .96 ve .95 (Şahin and Durak, 1994, 52).

3.5.3 The Satisfaction with Life Scale (SWLS)

The satisfaction with life scale Diener, Emmons, Larsen and Griffin (1985) improved by, five item self-report below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. The 7-point scale is: 1 =strongly disagree, 2 = disagree, 3 = slightly disagree, 4 = neither agree nor disagree, 5 =slightly agree, 6 =agree, 7 =strongly agree. It measures the personal well-being while assessing the personality traits in order to see the relation among these two concepts. The two-month test retest correlation coefficient was .82, and coefficient alpha was .87. The Turkish adaptation of the scales was conducted by Köker in 1991 which has a Cronbach's alpha of 0.97 (Köker, 1991). In 1993 Yetim in his study while the Cronbach alpha internal consistency coefficient of 0.86 and test-retest reliability coefficient determined by the test method 0.73.

3.6 Procedure

In this study, cross sectional design was used. Seventy volunteer participants were recruited by using non-probability sampling method. The data collection was carried out by researcher.

The researcher was allowed to interview prostitutes by night club owners and participating to study was voluntary basis. The researcher explained to the participants the purpose and the importance of their participation in this study.

Also, the researcher assured their confidentiality of their response and the responses would be only used for research purpose. Participants in night clubs were administered the questionnaires face to face in separate room and the duration was approximately one hour. The questionnaires have been read to them by the researcher. The control group were 35 state agency worker women respondents who are similar with demographic characteristics in TRNC night club workers women. The study was carried out in the dates between February and June 2016 in TRNC.

3.7 Ethical Considerations

The interviews were carried out with the informed consent of the women with clear knowledge of the objectives of the study, assuring the participants absolute confidentiality in the way the information would be managed. Participation was voluntary and the women were informed that they have chance to withdraw from the research whenever they wish; there were no rejections.

3.8 Limitations

This study has several limitations in terms of sampling, data collection method, generalizability, and the interpretation of the findings. Initial restriction of the current study is the little population size. The present study has only 35 sex workers and 35 state agency work participants. This study only selected sex workers, who can speak Turkish and do this job for more than one year in North Cyprus. A truthfully representative population of prostitutes will be challenging to collect, on condition that sex work remains marginalized and often outlawed. Study cannot be comprehensive to all workers in this industry in TRNC.

In relation to the aforementioned limitation, in this study, participants sincerely items on the scale (without shame, without getting bored) may be forced to respond. Within this research, only "Brief Symptom Inventory" (BSI) was used to emerge the night club workers and stage-agency woman workers when learning their mental state. At the same, in this research, night club sex workers and state-agency workers were scored on women's life satisfaction by only using "Life Satisfaction Scales". Thus, this study was restricted with these scales.

Information that is obtained by the participants was only scored by the participants, not by health professionals. Since, all inventories were self-evaluation inventory. Participants can often provide careless answers because of the high number of questions. This research will be made only to women over 18 years old.

4. RESULTS

The present study includes 35 night club workers and 35 state agency workers.

Table 1.

Frequency of nationality of sample

	Night Club Workers		State Agency Workers	
	n	%	n	%
Nationality				
Czechoslovakia	1	2.9	0	0.0
Kazakhstan	1	2.9	0	0.0
Kenya	1	2.9	0	0.0
Moldova	17	48.6	0	0.0
Russia	4	11.6	0	0.0
TRNC	0	0.0	32	91.4
Turkey	1	2.9	3	8.6
Ukraine	10	28.6	0	0
Nationality Total	35	100.0	35	100.0

1 (2.9%) of night club workers participants were from Czechoslovakia, 1 (2.9%) night club workers participants were from Kazakhstan, 1 (2.9%) of night club workers participants were from Kenya, 17 (48.6%) of night club workers participants were from Moldova, 4 (11.6%) of night club workers participants were from Russia, 1 (2.9%), 1 (2.9%) of night club workers participants were from Turkey, 10 (28.6%) of night club workers participants were from Ukraine. 32 (91.4%) state agency

workers participants were from TRNC and 3 (8.6%) of state agency workers participants were from Turkey.

Table 2.

Frequency of Educational Level of Sample

	Night Club Workers		State Agency Workers	
	n	%	n	%
Secondary School	1	2.9	-	-
High School	15	42.9	5	14.3
University	19	54.3	30	85.7
Total	35	100.0	35	100.0

1 (2.9%) of night club workers participants reported that graduate of secondary school, 15 (42.9%) night club workers participants reported that graduate of high school, 19 (54.3%) of night club workers participants reported that graduate of university. 5 (14.3%) of state agency workers participants reported that graduate of high school, 30 (85.7%) of state agency workers participants reported that graduate university.

Table 3.

Frequency of Marital Status of Sample

	Night Club Workers		State Agency Workers	
	n	%	n	%
Married	4	11.4	20	57.1
Divorced	4	11.4	1	2.9
Widow	4	11.4	-	-
Engaged	-	-	5	14.3
In a relationship	9	25.7	2	5.7
No relationship	14	40.0	7	20.0
Total	35	100	35	100

Four (11.4%) of night club workers participants reported that they are married, four (11.4%) night club workers participants reported that they are divorced, four (11.4%) of night club workers participants reported that they are widow, 9 (25.7%) night club workers participants reported that they are in a relationship, 14 (40.0) night club workers participants reported that they are no relationship. 20 (57.1%) of state agency workers participants reported that they are married, 1 (2.9%) state agency workers participants reported that they are divorced, 5 (14.3%) state agency workers participants reported that they have engaged, 2 (5.7%) state agency workers participants reported that they in a relationship and 7 (20.0%) state agency workers participants reported that they no relationship.

Table 4.

Distribution of Night Club Work Experience

	Night Club Workers	
	n	%
What does your partner think about this business?		
Don't know my job	6	17.1
No answer	29	82.9
How much customers visit you per day?		
1-4 customers	12	34.2
5-8 customers	9	25.8
No answer	14	40.0
What is the age range of customers?		
Age of 20 and lover	1	2.9
21 and 25 years of age	2	5.7
26-30 years of age	17	48.6
31-35 years of age	8	22.9
No answer	7	20.0
Does your family know your job		
Yes	19	54.3
No	13	37.1
No answer	3	8.6

Six (17.1%) of participants reported that their partner don't know what is their job in here, 29 (82.9%) of participants reported that don't want answer this question. 12 (34.2%) participants reported that 1-4 customers visit a day, nine (25.8%) participants reported that 5-8 customers visit they a day, 14 (40.0%) night club workers participants reported that don't want answer questions. 1 (2.9%) of participants reported that their customers age of 20 and 20 lower, 2 (5.7) participants reported their customers age 21 and 25 years of age, 17(48.6%) participants reported their customers age 26-30 years of age, 8 (22.9%) participants reported their customers age 31-35 years of age and 7(20.0%) participant don't want answer this questions. 19 (54.3%) participants reported that their parents know what is their job in here, 13(37.1%) participants reported that their parents don't know what is their job in here, 3 (8.6) participants don't want answer this questions.

Table 5.

Distribution of Some Characteristics Sex Work

	Night Club Workers	
	n	%
Do you think that your work is dangerous or harmful?		
Yes	15	42.9
No	13	37.1
Sometimes	6	17.1
No answer	1	2.9
How long have you been doing this job?		
Between 1-2 years	22	62.8
Between 1-3 years	9	25.7
Between 6-10 years	3	8.6
11 years	1	2.9

15 (42.9%) participants reported that they found harmful or dangerous their job, 13 (37.1%) participants reported that there is no harmful or dangerous their job, six (17.1%) night club workers participants reported that they found sometimes harmful or dangerous their job and one (2.9%) night club workers participants were no answer this question. 22 (62.8%) participant reported that between 1-2 years doing this job, nine (25.7%) participants reported that between 1-3 years doing this job, 3 (8.6%) participants reported that between 6-10 years doing this job.

Table 6.

Distribution of Night Club Workers Thoughts about Their Jobs

	Night Club Workers	
	n	%
How your job is being met by society?		
Exclusion	11	31.4
No problem	23	65.7
Fear of sexually transmitted diseases and the customer	1	2.9
Job satisfaction		
I'm doing my job on my own	20	57.1
If my financial situation recovered, I leave the job	15	42.9

11(31.4%) participants reported that exclude them from society, 23 (65.7%) participants reported that there is no any problem in society, 1 (2.9%) participant reported that fear of sexually transmitted diseases and customers. 20 (57.1) participant reported that doing their job their own and 15 (42.9%) participants reported that if their financial situation recovered, they leave this job.

Table 7.

The Mann Whitney-U Results of the Comparison of the Age and Occupation

Age	N	MR	SR	U (p)
Night Club Workers	35	24.40	854.00	224.00
State Agency Workers	35	46.60	1631.00	(0.000*)

*Note: * $p \leq 0.05$*

The comparison of the age and occupation were compared with Man Whitney- U analysis. According to the findings, a statistically significant difference among groups was found ($u=224.00$, $p \leq 0.000$). State agency workers had higher age mean rank than night club workers.

Table 8.

Comparison of Education Level and Occupation

	Night Club Workers		State Agency Workers	
	n	%	n	%
Secondary School	1	2.9	-	-
High School	15	42.9	5	14.3
University	19	54.3	30	85.7
Total	35	100.0	35	100.0

*Note: $X^2 = 8.469$ $p = 0.014$ * $p \leq 0.05$*

The comparison of educational level and occupation were compared with Chi-square analysis. It was found that there was significant differences between educational

Table 10.

Comparison of Monthly Income and Occupation

	Night Club Workers		State Agency Workers	
	n	%	n	%
No income	3	8.8	0	-
1600 lower	0	-	2	5.7
1601-3000	-	-	20	57.1
3001-5000	17	48.3	13	37.1
5001 higher	15	42.9	0	-
Total	35	100.0	35	100.0

Note: $X^2 = 40.533$ $p = 0.000^*$ $^*p \leq 0.05$

The comparison of monthly income and occupation were compared with Chi-square analysis. Ramifications revealed that there was significant difference between monthly incomes of two groups. Night club workers had higher monthly income than state agency workers.

Table 11.

Comparison of Number of Children and Occupation of Night Club Workers and State Agency Workers

	Night Club Workers		State Agency Workers	
	n	%	n	%
No child	20	57.1	21	60.0
1 child	13	37.1	11	31.4
2 child	2	5.7	3	8.6
Total	35	100.0	35	100.0

Note: $X^2 = 0.391$ $p = 0.822$ * $p \leq 0.05$

The comparison of number of children and occupation were compared with Chi-square analysis. It was found that there was significant differences between numbers of child of two groups. State agency workers had higher number of child than Night club workers.

Table 12.

Comparison of Parent's Marital Status and Occupation of Night Club Workers and State Agency Workers

	Night Club Workers		State Agency Workers	
	n	%	n	%
Married	20	57.1	34	97.1
Married but living separately	8	22.9	0	-
Divorced	6	17.1	1	2.9
Widow	1	2.9	0	-
Total	35	100.0	35	100.0

Note: $X^2 = 16.201$ $p = 0.001^*$ $^*p \leq 0.05$

The comparison of number of marital status of parents and occupation were compared with Chi-square analysis. It was found that there was significant differences among marital statuses of parents of two groups. State agency workers parents were mostly married than night club workers.

Table 13.

Comparison of the Main Reason for Starting Work and Occupation

	Night Club Workers		State Agency Workers	
	n	%	n	%
Economic situation	26	68.6	31	88.6
Family income, lack of love, compassion, for my family and child	9	25.7	4	11.4
Personal wishes	2	5.7	-	-
Total	35	100.0	35	100.0

Note: $X^2 = 6.291$ $p = 0.279$ $*p \leq 0.05$

The comparison of number of main reason for starting work and occupation were contrasted with Chi-square analysis. It was revealed that there was not any significant differences between main reasons for starting work of two groups. Night club workers also reported that the main reason for doing this job was to support family income, lack of love.

Table 14.

The Mann Whitney-U Results of the Comparison of the mean scores of Global Severity Index of BSI and Occupation

Global Severity Index Mean Ranks	N	MR	SR	U (p)
Night Club Workers	35	32.29	1130.00	500.000
State Agency Workers	35	38.71	1355.00	(0.186)

Note: * $p \leq 0.05$

The comparison of the age and occupation we compared with Man Whitney- U analysis. According to the findings, there was not any significant differences between two groups ($u=500.00$, $p \leq 0.014$). Global Severity Index mean ranks were similar among two groups.

Table 15.

The Mann Whitney-U Results of the Comparison of the mean scores of Somatization subscale of BSI and Occupation

Somatization Subscale Mean Ranks	N	MR	SR	U (p)
Night Club Workers	35	29.59	1035.50	405.500
State Agency Workers	35	41.41	1449.50	(0.014*)

Note: * $p \leq 0.05$

The comparison of the age and occupation we compared with Man Whitney- U analysis. According to the findings, significant difference was found statistical wise among groups ($u=405.500$, $p \leq 0.014$). State agency workers had higher mean ranks of somatization than night club workers.

Table 16.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Obsession subscale of BSI and Occupation

Obsession Subscale Mean Ranks	N	MR	SR	U (p)
Night Club Workers	35	26.89	941.00	311.000
State Agency Workers	35	44.11	1544.00	(0.000*)

Note: * $p \leq 0.05$

The comparison of the age and occupation we compared with Man Whitney- U analysis. According to the findings, a statistically significant difference among groups was found ($u=311.000$, $p \leq 0.000$). State agency workers had higher mean ranks of obsession than night club workers.

Table 17.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Interpersonal Sensitivity subscale of BSI and Occupation

Interpersonal P. Subscale Mean Ranks	N	MR	SR	U (p)
Night Club Workers	35	32.67	1143.50	513.500
State Agency Workers	35	38.33	1341.50	(0.241)

Note: * $p \leq 0.05$

The comparison of the age and occupation we compared with Man Whitney- U analysis. According to the findings, there was not any significant differences among groups ($u=513.500$, $p \leq 0.241$). Interpersonal sensitivity subscale mean ranks were similar among two groups.

Table 18.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Depression subscale of BSI and Occupation

Depression subscale	N	MR	SR	U (p)
Night Club Workers	35	34.09	1193.00	563.000
State Agency Workers	35	36.91	1292.00	(0.556)

Note: $p \leq 0.05$

The comparison of the depression subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=563.500$, $p \leq 0.556$). Depression mean ranks were similar among two groups.

Table 19.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Anxiety subscale of BSI and Occupation

Anxiety subscale	N	MR	SR	U (p)
Night Club Workers	35	33.11	1159.00	529.000
State Agency Workers	35	37.89	1326.00	(0.324)

Note: $p \leq 0.05$

The comparison of the anxiety subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=529.000$, $p \leq 0.324$). Anxiety mean ranks were similar among two groups.

Table 20.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Hostility subscale of BSI and Occupation

Hostility subscale	N	MR	SR	U (p)
Night Club Workers	35	32.07	1122.50	492.500
State Agency Workers	35	38.93	1362.50	(0.155)

Note: * $p \leq 0.05$

The comparison of the anxiety subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=492.500$, $p \leq 0.155$). Hostility mean ranks were similar among two groups.

Table 21.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Phobia subscale of BSI and Occupation

Phobia subscale	N	MR	SR	U (p)
Night Club Workers	35	31.07	1087.50	457.500
State Agency Workers	35	39.93	1397.50	(0.062)

Note: * $p \leq 0.05$

The comparison of the phobia subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=457.500$, $p \leq 0.062$). Phobia mean ranks were similar among two groups.

Table 22.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Paranoid subscale of BSI and Occupation

Paranoid subscale	N	MR	SR	U (p)
Night Club Workers	35	31.30	1095.50	465.500
State Agency Workers	35	39.70	1389.50	(0.082)

Note: * $p \leq 0.05$

The comparison of the paranoid subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=465.500$, $p \leq 0.082$). Paranoid mean ranks were similar among two groups.

Table 23.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Psychotism subscale of BSI and Occupation

Psychotism subscale	N	MR	SR	U (p)
Night Club Workers	35	38.64	1352.50	502.500
State Agency Workers	35	32.36	1332.50	(0.191)

Note: * $p \leq 0.05$

The comparison of the psychotism subscale and occupation were compared. We compared with Man Whitney-U analysis. According to the findings, it was found that there was not any significant differences ($u=502.500$, $p \leq 0.191$). Psychotism mean ranks were similar among two groups.

Table 24.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Additional item subscale of BSI and Occupation

Additional item subscale	N	MR	SR	U (p)
Night Club Workers	35	37.51	1313.00	542.000
State Agency Workers	35	33.49	1172.00	(0.402)

Note: * $p \leq 0.05$

The comparison of the additional item subscale and occupation were compared. We compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=542.000$, $p \leq 0.402$). Additional item mean ranks were similar among two groups.

Table 25.

The Mann Whitney-U Results of the Comparison of the mean ranks scores of Life Satisfaction Total of BSI and Occupation

Life Satisfaction Scores	N	MR	SR	U (p)
Night Club Workers	35	36.19	1266.50	588.500
State Agency Workers	35	34.81	1218.50	(0.777)

Note: * $p \leq 0.05$

The comparison of the life satisfaction and occupation we compared with Man Whitney- U analysis. According to the findings, it was found that there was not any significant differences ($u=588.500$, $p \leq 0.777$). Life satisfaction mean ranks score were similar among two groups.

5. DISCUSSION

The study was emphasis on the contrast of psychological symptoms and life satisfaction among nightclub workers and state agency workers in North Cyprus. The study investigated the effect of the stigmatization of sex workers. In literature most of the studies focused on specific aspects such as dependency of alcohol and drugs, depression or victimization, sexually transmission disease of sex workers and procurement prostitution among sex workers (Goldsamt et. al., 2015; Bodkin, et al, 2015; Potterat et al., 2004 ; Mosadele et al., 2009) .

Literature shows that sex workers had many psychological problems (Nunen, 2013; Forteza et. al., 2014; Hong and Xiaoming, 2007; Rössler et al., 2010, Potterat et al., 2004). Comparison of sex workers with non-sex workers studies showed the mean scores of psychological distress among sex workers were high (Bassel et al 1997; Gilchrist, 2004, Farlery et al., 2015; Jung et al. 2008; Swain et al., 2011). However, in the present study comparison of sex workers with state-agency workers, there was not any noteworthy difference neither in psychological problems nor life satisfaction. Romans and his colleagues (2000) found similar results in their study that there was not any significant difference between sex workers and non-sex workers according to psychological wellbeing, self-confidence and impaired social network. All of the sex workers in the present study reported that they are doing their job willingly. Therefore, this might be the fundamental basis for results. Another possibility is that in the current study the data collected from luxury night clubs and all the sex workers work there for a long time period, this means they are intentionally doing this job with satisfactory working condition.

Besides, work area can be effect on the psychological wellbeing of the workers in sex industry. Alegria and her colleagues (1994), study illustrated that in comparisons between work sites and street sex workers, it was concluded that sex workers in streets had significantly higher levels of depressive symptoms than work sites sex workers. Street sex workers had bad working environment such as physical violence, rape, fear of police, humiliation and stigmatization (Alegria et. al., 1994). In the current study, sex worker sample is recruited from luxury night clubs which are safer environment than streets. Comparison of the other country studies, sex workers environment is better than North Cyprus. In North Cyprus, night club workers have governmental protection which include tip line, regular health check, and also living conditions which include own room with bath, regular shopping time, rest days and free food, room or shopping in night club. The study in Bangladesh indicated that living conditions were harsh as there was no safe drinking water and sanitation of sex workers. Ramifications illustrated that, more than half responders had reported that they were not clean and they were living under the unhygienic conditions (Hossain et al., 2015). Another study in Mumbai, India, indicated that majority of the sex workers when they have customers, they hired brothel rooms and shared the payment of their salaries to the brothel-owners and all other times they live in the streets (Karandikar et al., 2011). Krüsi and his colleagues (2014) investigated street sex workers in Canada. They found sex workers mistrust police and clients force to engage in unprotected sex.

Surprisingly, in comparison of night club workers with state agency workers it was found that state agency workers had high somatization and obsessive symptoms than night club workers.

The reason of this result can be explained with cultural elements. Somatization can be defined as psychological conflict or unrest and experience physical symptoms. The existence of physical body complaints cannot be explained by medical conditions (Öztürk, 2014). Especially it can mostly be seen in eastern cultures which are accepted as a social adaptive tool. This can be a reason to explain why the state-agency workers had higher scores on somatization (Şahin, 2009). The study of closed partner aggression among females in North Cyprus showed that somatization did not show any significant difference within group (Karaaziz, 2014). This result of the present study can be considered as cultural issue.

In the present study there was not any statistical dissimilarity in life satisfaction among night club workers. Life satisfaction mean ranks scores were similar between two groups. Life satisfaction is defined as the success level of objectives set by the person (Leung et al., 1992). Jung et al., (2010) investigated factors related to perceive life satisfaction, they found that economic condition was the most influential factor in both men and women except perceived health condition variables. In the present study night club workers had higher financial income than state-agency workers. Night club workers reported that they do this job for good financial income. In literature, there are many studies which were have examined the items affecting life satisfaction. According to these studies some of elements that affect life satisfaction. For example participate in fun activities, instrumental comfort, family relations, having a job and to help others (Andrews, 1974; Andrews and Withey, 1973).

In literature, studies among sex workers showed that they were mostly illiterates or lower education level (Qiao et al, 2014; Nunen, 2013; Forteza et al, 2014; Jie et al, 2012; Bassel et. al., 1996; Hossain et al., 2015; Raymond et al., 2002, p.75). Saygılı (1991) revealed that sex workers had low educational level, 37% of the sample was illiterate. In the present study most of the night club workers were high school graduate.

In the current study, high proportion of sex workers reported that they had no intimate relationship. Other studies found similar results indicating that majority of responders were single. (Romans, 2001; Bassel et. al., 1997). In contrast, other studies reported that vast majority of sex workers are married or living with their partner (Swain et al.,; Qiao et al., 2014; Susan and Asır, 2014; Jares, 2015).

In the present study, all night club workers reported that they do this job by their own initiative and their main reason for choosing this job was to support family income. Studies among sex workers show that saving money is the most important reason for doing this job (Busza, 2004; Raymond et al., 77; Saygılı, 1991). Bilardi and his colleagues (2010) investigated 112 sex trainers in Australia and they concluded that 69% female sex trainers reported that they were working this job due to financial income.

In this study the majority of sex worker participants had no children, 37 % sex workers had a child, and 6 % sex workers had two children. On the other hand, comparison of child number T.R.N.C. sex workers and another countries sex workers had same number of children (Rösler, 2010; Chudakow, 2002).

6. CONCLUSION AND RECOMMENDATIONS

This study was purposed to contrast psychological symptoms and life gratification of nightclubs workers and state agency workers in North Cyprus and to investigate the impact of the stigmatization of the sex workers. Contrary to the belief that sex workers had severe mental health problems due to the stigmatization of their work, this study showed that sex workers in North Cyprus had no such problems. Their work environment and governmental support provide sex workers satisfactory and safe work conditions. For this reason, they had no severe mental health problems due to stigmatization.

This study included a small proportion of population of sex workers, but following research projects should aim to collect an encompassing representative population. Furthermore, if it is possible they may recruit their sample from sex workers who work illegally as well.

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Psychological fears among low-paid female sex workers in Southwest China
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Appendix 1 Informed Consent

“KKTC’deki Gece Kulüpleri ve Devlet Çalışanı Kadınların, Yaşam Doyumları, Ruhsal Sağlığının Karşılaştırılması” adı altında bilimsel bir araştırma projesi yürütülmektedir. Araştırmanın amacı; KKTC genelindeki Gece Kulüplerinde çalışan, çok iyi derecede Türkçe konuşan kadınların, psikolojik belirtilerini araştırmak, yaşam doyumları ile ilgili bilgi sahibi olmak ve seks işçiliğine objektif bir yaklaşım getirmektir.

Soruları cevaplamak tamamen sizin gönüllü olmanıza bağlıdır ve katılım durumunda cevaplayacağınız 19 adet sosyo-demografik, 53 adet Kısa semtom envanteri, ve 5 adet Yaşam doyum ölçeği, toplam 77 sorudan oluşmaktadır.

Sayın katılımcı; bu araştırma anonim bir şekilde yapılan bilimsel bir araştırmadır. İsminizi yazmanız istenmemektedir. Bu ankete cevap vermeniz, onam verdiğiniz anlamına gelmektedir. Katıldığınız için teşekkür ederiz.

Psk. Ebru Çorbacı

Appendix 2 Personal Information Form

Sosyo-Demografik Özellikler

1) Yaşınız

2) Uyuşunuz

3) Eğitim durumunuz nedir?

a-okur-yazar değil b-okur-yazar c-ilkokul d-ortaokul e-lise
f-üniversite

4) Medeni durumunuz nedir?

a-evli b-evli ama ayrı yaşıyor c-boşanmış
d-dul e-nişanlı-sözlü f-ilişkisi var
g-ilişkisi yok (g şıkkını seçmişseniz lütfen 8. soruya geçiniz.)

5) Eşinizin (nişanlı, erkek arkadaş, sözlü vb.) yaşı nedir?

.....

6) Eşinizin eğitim durumu nedir?

a-okur-yazar değil b-okur-yazar c-ilkokul d-ortaokul e-lise
f-üniversite

7) Eşiniz (nişanlı, erkek arkadaş, sözlü vb.) işiniz ile ilgili ne düşünüyor?

.....

8) Günde kaç müşteri ile cinsel ilişkiye giriyorsunuz?

.....

9) Müşterilerinizin en sık yaş aralığı nedir (**birden fazla cevap verebilirsiniz**)?

a) 20 ve ya 20 yaş altı b) 21-25 yaş arası c) 26-30 yaş arası d) 31-35
yaş arası

10) Çekirdek ailenizden (anne, baba, kardeşler) yaptığınız işi biliyorlar mı?

a-evet b-hayır (**b şıkkını seçmişseniz, lütfen 12.soruya geçiniz**)

11) Çekirdek ailenizden (anne, baba, kardeşler) yaptığınız işi onaylıyorlar mı?

a-evet b-hayır c-bilmiyorlar

12)Size ait ortalama aylık geliriniz (maaş, kira, vb.) ne kadardır?

a-geliri yok b- asgari ücret (1600TL) ve altı c- 1600-3000 d-3000-5000
e-5000 ve üzeri

13) Kaç çocuğunuz vardır?

a-0 b-1 c-2 d-3 e-4 ve üzeri

14) Anne ve babanızın medeni durumu nedir?

a)evli b-evli ama ayrı yaşıyorlar c-boşanmış d-dul

15) İşe başlamanızdaki muhtemel faktör ne idi

a-Ekonomik durum b-aile içi geçim c- sevgi şefkat eksikliği d-
diğer.....

16)Aşağıdakilerden hangisi sizin için uygun olan seçenektir (**birden fazla seçenek seçebilirsiniz**)?

a-Kendi isteğimle işimi yapıyorum

b-Kendi isteğimle işimi yapmıyorum

c-Bu işi devam ettirme konusunda kararsızım

d-İşimi birkaç yıl daha yapıp bırakmayı düşünüyorum

e-Maddi durumum düzelince bu işi bırakmak istiyorum

d-Hiç bir zaman işimi bırakmayı düşünmüyorum

f-diğer.....

17)İşinizin tehlikeli ve ya siz zarar verici olduğunu düşünüyor musunuz?

a-evet b- hayır c- bazen

18)Ne kadar zamandır bu işi yapıyorsunuz?

a- 1 yıldan az

b- 1 - 2 yıl arası

c- 3 - 5 yıl arası

d- 6 - 10 yıl arası

e- 11 yıl veya fazla

d- diğer.....

19)Yaptığınız iş etrafınızdaki bireyler ya da toplum tarafından sizce nasıl karşılanıyor?

.....

.....

.....

.....

.....

Appendix 3 Brief Symptom Inventory

Açıklama: Aşağıdaki zaman zaman herkeste olabilecek yakınmalar ve sorunların bir listesi vardır. Lütfen her birini dikkatle okuyunuz. Sonra her bir durumun, bu gün de dahil olmak üzere son on beş gün içinde sizi ne ölçüde huzursuz ve tedirgin ettiğini göz önüne alarak, cevap kağıdında belirtilen tanımlamalardan (Hiç / Çok az / Orta derecede / Oldukça fazla / İleri derecede) uygun olanının (yalnızca bir seçeneğin) altına bir X işareti koyunuz. Düşüncenizi değiştirirseniz ilk yaptığınız işaretlemeyi tamamen silmeyi unutmayınız. Lütfen anlamadığınız bir cümleyle karşılaştığınızda uygulamacıya danışınız.

	Hiç	Çok Az	Orta Derece	Oldukça Fazla	İleri Derece
1. Sinirlilik ya da içinin titremesi	0	1	2	3	4
2. Baygınlık baş dönmesi	0	1	2	3	4
3. Bir başka kişinin sizin düşüncelerinizin kontrol edeceği fikri	0	1	2	3	4
4. Başınıza gelen sıkıntılardan dolayı başkalarının suçlu olduğu duygusu	0	1	2	3	4
5. Olayları anımsamada (hatırlamada) güçlülük	0	1	2	3	4
6. Çok kolayca kızıp öfkelenme	0	1	2	3	4
7. Göğüs veya kalp bölgesinde ağrılar	0	1	2	3	4
8. Meydanlık (açık) yerlerden korkma duygusu	0	1	2	3	4
9. Yaşamınıza son verme düşünceleri	0	1	2	3	4
10. İnsanların çoğuna güvenilmeyeceği hissi	0	1	2	3	4
11. İştahta bozukluklar	0	1	2	3	4
12. Hiçbir nedeni olmayan ani korkular	0	1	2	3	4
13. Kontrol edemediğiniz duygu patlamalar	0	1	2	3	4
14. Başka insanlarla beraberken bile yalnızlık hissetmek	0	1	2	3	4
15. İşleri bitirme konusunda kendini engellenmiş hissetmek	0	1	2	3	4
16. Yalnızlık hissetmek	0	1	2	3	4
17. Hüzünlü, kederli hissetmek	0	1	2	3	4
18. Hiçbir şeye ilgi duymamak	0	1	2	3	4
19. Ağlamaklı hissetmek	0	1	2	3	4
20. Kolayca incinebilme, kırılmak	0	1	2	3	4
21. İnsanların sizi sevmediğine, kötü davrandığına inanmak	0	1	2	3	4

	Hiç	Çok Az	Orta Derece	Oldukça Fazla	İleri Derece
22. Kendini diğerlerinden daha aşağı görme	0	1	2	3	4
23. Mide bozukluğu, bulantı	0	1	2	3	4
24. Diğerlerinin sizi gözlediği ya da hakkınızda ya da hakkınızda konuştuğu duygusu	0	1	2	3	4
25. Uykuya dalmada güçlük	0	1	2	3	4
26. Yaptığınız şeyler tekrar tekrar doğru mu diye kontrol etmek	0	1	2	3	4
27. Karar vermede güçlükler	0	1	2	3	4
28. Otobüs, tren, metro gibi umumi vasıtalarla seyahatten korkmak	0	1	2	3	4
29. Nefes darlığı, nefessiz kalmak	0	1	2	3	4
30. Sıcak-soğuk basmaları	0	1	2	3	4
31. Sizi korkuttuğu için bazı eşya, yer ya da etkinliklerden uzak durmaya çalışmak	0	1	2	3	4
32. Kafanızın “bomboş” kalması	0	1	2	3	4
33. Bedeninizin bazı bölgelerinde uyuşmalar karıncalanmalar	0	1	2	3	4
34. Günahlarınız için cezalandırılmanız gerektiği	0	1	2	3	4
35. Gelecekle ilgili umutsuzluk duyguları	0	1	2	3	4
36. Konsantrasyonda (dikkati bir şey üzerinde toplama)güçlük/zorlanmak	0	1	2	3	4
37. Bedeninizin bazı bölgelerinde zayıflık, güçsüzlük hissi	0	1	2	3	4
38. Kendini gergin ve tedirgin hissetmek	0	1	2	3	4
39. Ölme ve ölüm üzerine düşünceler	0	1	2	3	4
40. Birini dövme, ona zarar verme, yaralama isteği	0	1	2	3	4

	Hiç	Çok Az	Orta Derece	Oldukça Fazla	İleri Derece
41. Bir şeyleri kırma, dökme isteği	0	1	2	3	4
42. Diğerlerinin yanındayken yanlış bir şeyler yapmamaya çalışmak	0	1	2	3	4
43. Kalabalıklarda rahatsızlık duymak	0	1	2	3	4
44. Bir başka insana hiç yakınlık duymamak	0	1	2	3	4
45. Dehşet ve panik nöbetleri	0	1	2	3	4
46. Sık sık tartışmaya girmek	0	1	2	3	4
47. Yalnız bırakıldığında/kalındığında sinirli hissetmek	0	1	2	3	4
48. Başarılarınız için diğerlerinden yeterince takdir görmemek	0	1	2	3	4
49. Yerinde duramayacak kadar kendini tedirgin hissetmek	0	1	2	3	4
50. Kendini değersiz görmek	0	1	2	3	4
51. Eğer izin vererseniz insanların sizi sömüreceği duygusu	0	1	2	3	4
52. Suçluluk duyguları	0	1	2	3	4
53. Aklınızda bir bozukluk olduğu fikri	0	1	2	3	4

Appendix 4 Life Satisfaction Scale

Aşağıda 5 ifade vardır. Bu ifadelerin size uygunluk derecesini belirlemek amacıyla ile 1'den

7'ye kadar seçenekler sunulmuştur. Vereceğiniz karara göre ilgili ifade için 7 yanıt seçeneğinden birini işaretleyiniz. Cevaplarınızı iyice düşünerek ve içtenlikle vermeniz, araştırmanın sağlığı bakımından çok önemlidir. Katkılarınız için teşekkür ederim.

	Hiç Uygun Değil	Uygun Değil	Biraz Uygun Değil	Ne Uygun Ne Uygun Değil	Biraz Uygun	Uygun	Çok Uygun
1. Yaşamım birçok yönüyle idallerime yakın	1	2	3	4	5	6	7
2. Yaşam koşullarım çok iyi	1	2	3	4	5	6	7
3. Yaşamımdan hoşnudum	1	2	3	4	5	6	7
4. Şu ana kadar istediğim şeyleri elde edebildim	1	2	3	4	5	6	7
5. Yeniden dünyaya gekeydim yaşamımda hemen hemen hiçbir şeyi değiştiremezdim	1	2	3	4	5	6	7

ÖZGEÇMİŞ

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**YAKIN DOĞU ÜNİVERSİTESİ FEN VE SOSYAL BİLİMLER BİLİMSEL
ARAŞTIRMALAR DEĞERLENDİRME ETİK KURULU (YDÜFSBBADEK)**

ARAŞTIRMA PROJESİ DEĞERLENDİRME RAPORU

Toplantı Tarihi : 03.05.2016


Toplantı No : 2016-10

Proje No : 10

Yakın Doğu Üniversitesi Sosyal Bilimler Fakültesi Psikoloji Bölümü öğretim üyelerinden Yrd. Doç. Deniz Ergün'nün sorumlu araştırmacısı olduğu, YDU/ 2016-10 proje numaralı ve *"KKTC'de gece kulüpleri ve devlet çalışanı kadınların ruh sağlığı, yaşam doyumlarının karşılaştırılması"* başlıklı proje önerisi kurulumuzca değerlendirilmiş olup, etik olarak uygun bulunmuştur.

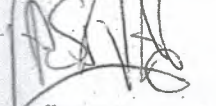
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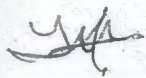
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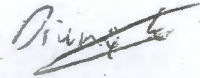
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