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# **Occupational influences on the wellbeing, intimate relationships and sexuality of the social worker assisting sex workers**

literature review and case study

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# Introduction

- Since 2007 social worker at Humanitas PMW
- Master Social Work at the Amsterdam University of Applied Sciences since 2015

## Profile: Humanitas PMW

- Rotterdam, the Netherlands
- PMW follows pro-sex feminist discourse by emphasizing sex work as a form of labour
- Offers assistance to men, women, transgenders who make or made money with sex
- Fieldwork, individual assistance, group work



Rough division of target group:

- sex workers who choose the job and have a question
- sex workers who want to leave the business and request support to do so
- clients that have become a victim of (inter)national trafficking / sexual exploitation
- children or youngsters that have been groomed or recruited for youth prostitution

Subsidized allocations by local and national government

10 social workers with on average a caseload of about 25 clients



# Background research

Social work at PMW is inevitably connected to sexuality.

Effect on the social worker is not discussed.

Possible influences affect the wellbeing of the social worker....?

...and ultimately the quality of the assistance given to the client?



# Research question

What are **influences**, positive or negative, of assistance to **sex workers and victims of trafficking** on the **private life** and in particular the **sexuality and intimate relationships** of the **social worker**?



# Literature study

Is it relevant? For social workers:

- Occupational stress is the source of 1/3 of sick leave (Sloot, 2014) and influences productivity negatively (Adaramola, 2012)
- More often stress, complaints of burnout, compassion fatigue and secondary traumatization stress compared to similar professions (a.o. Lloyd, King & Chenoweth, 2002, Bride, 2007)
- A social worker is her/his own tool: the quality of assistance is largely determined by the quality of the relationship (Payne, 2014)



## Gray area:

Limited research specifically for social workers that work with sex workers and/or victims of trafficking

- More frequently PTSD symptoms than control group (Jung et al, 2008)
- Target group is experienced by social workers as heavier than previous target groups, more time consuming and more affecting private life (Kliner & Stroud, 2012, Snyder, 2015)
- Burnout complaints are frequent (Kliner & Stroud, 2012)
- Frequent medium till high levels of secondary traumatic stress (Snyder, 2015)





When occupational influences for social workers are discussed: no focus on private sexuality and intimacy. Remains taboo?

Research among psychologists/therapists:

- More work relates stress → bigger feeling of discontent in partner relationship + less intimacy  
(Glenwright, 2015)
- Secondary stress complaints → lowered sexual drive  
(Branson, 2011)



- More 'gender discussions' and experienced misunderstanding in partner relationship (Garrity, 2011)
- Positive effects: more experienced assertiveness and emancipation in relationship, better coping of private problems (Goldblatt et al., 2009, Garrity, 2011)



# Casestudy: Anke / PMW

Personal experiences

Brainstorm in team (board):  
mindmap



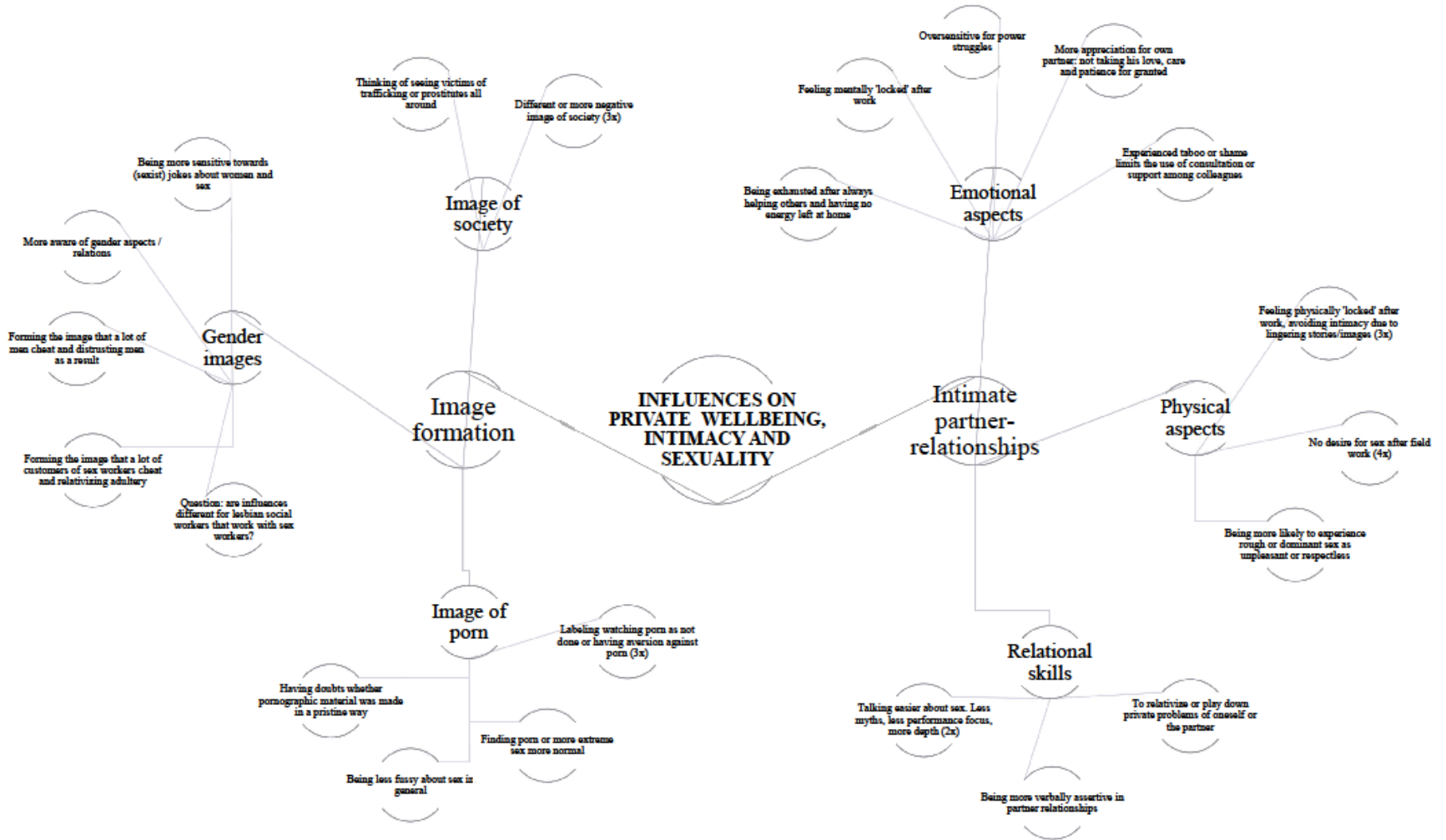
# Quotes

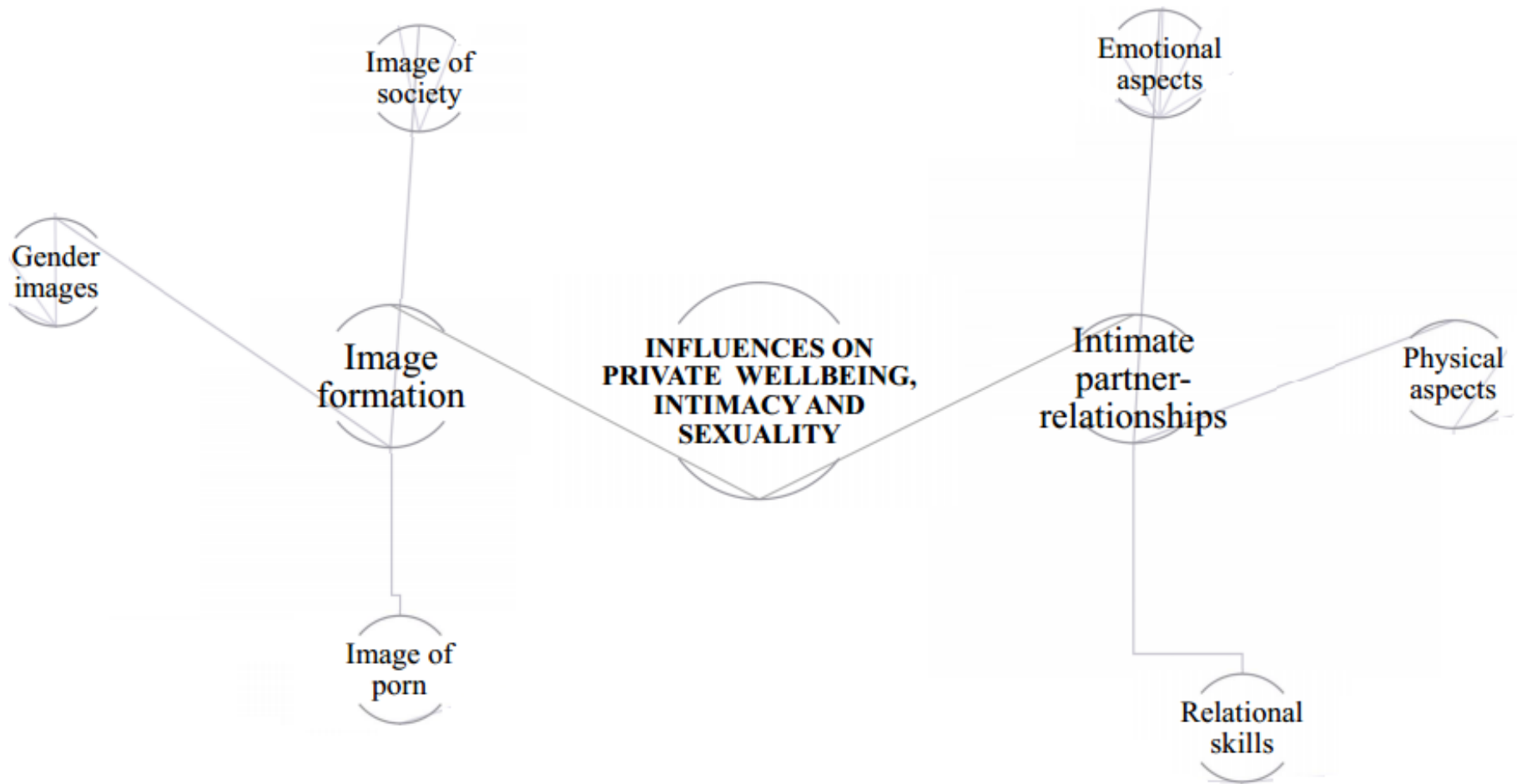
“The stories we have to listen to! We’re not robots, you know, and we chose this job because we care about people”.

“Sometimes during sex with my partner, suddenly an image or thought from work can be triggered and pop up in my head”.

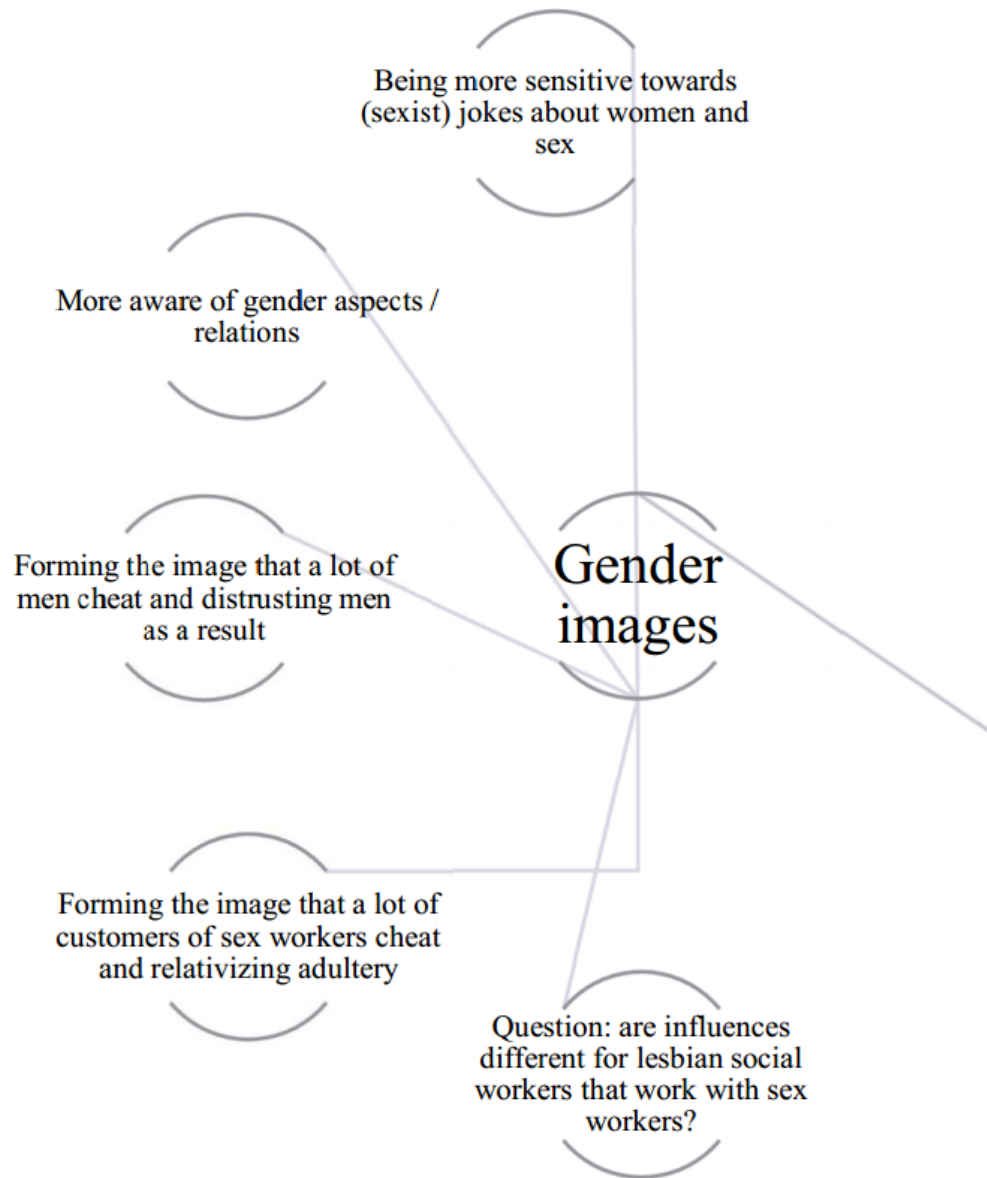
“I think the work gives me more pleasurable sex: there seems less focus on performance and myths and more depth in the relationship”.



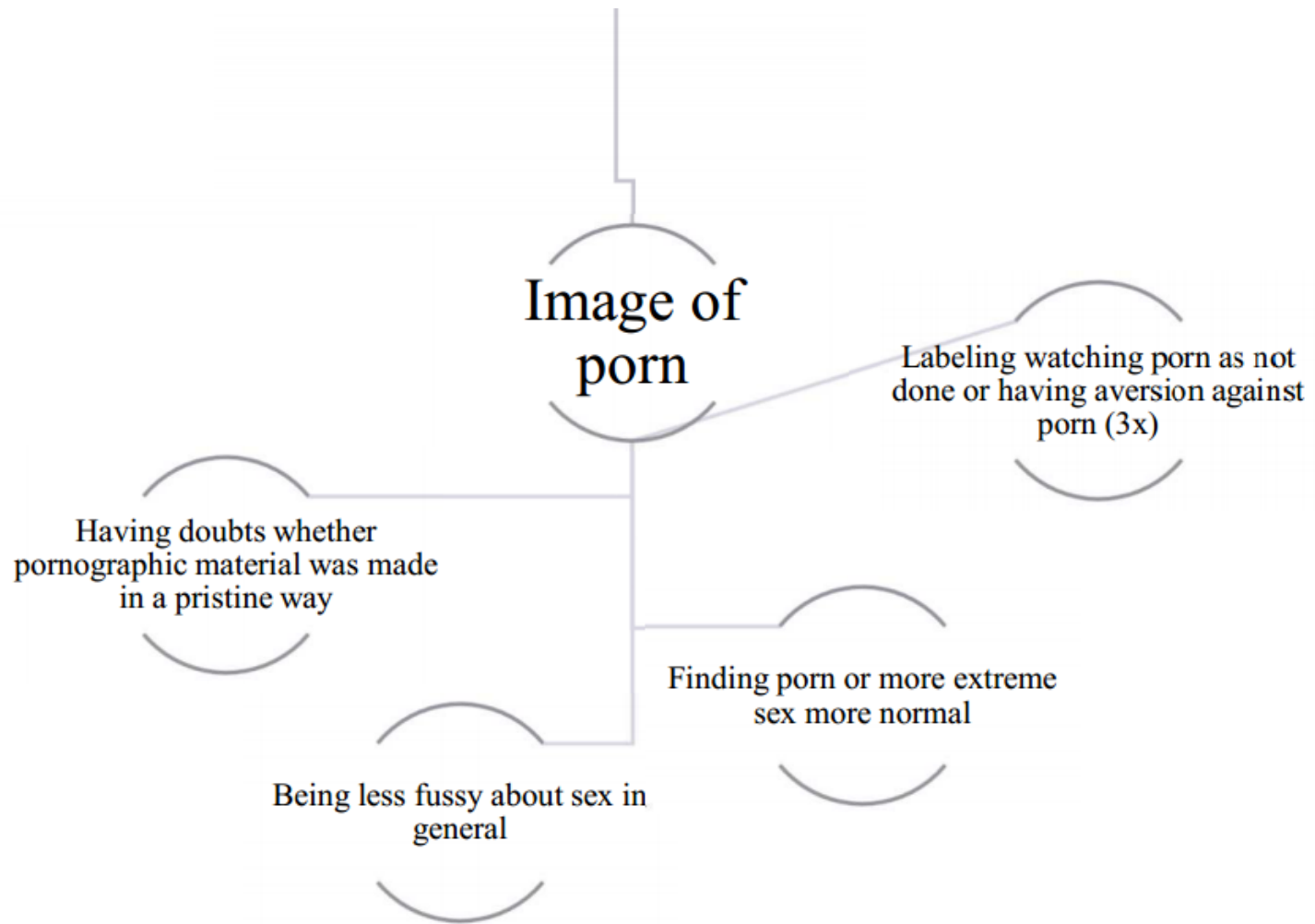


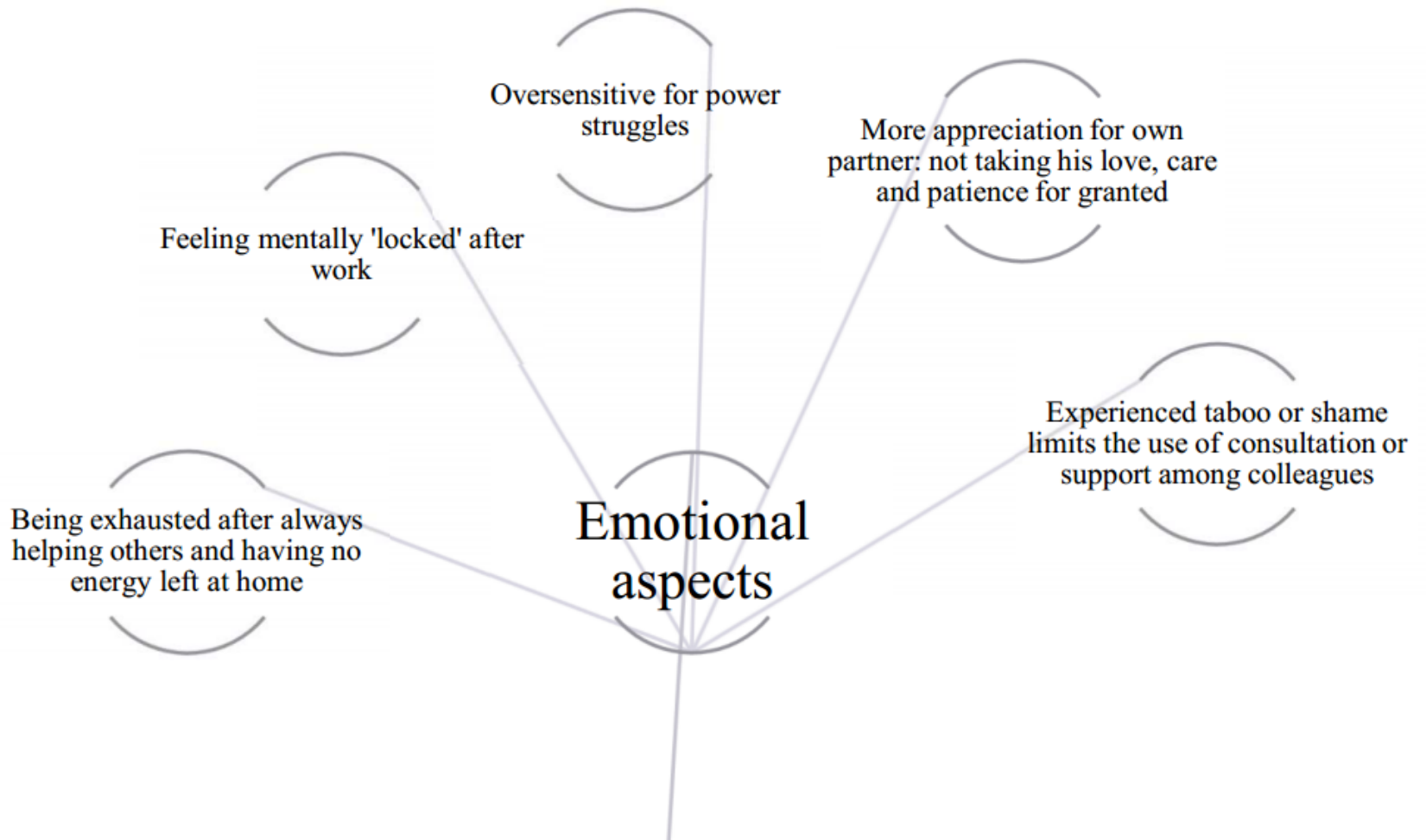


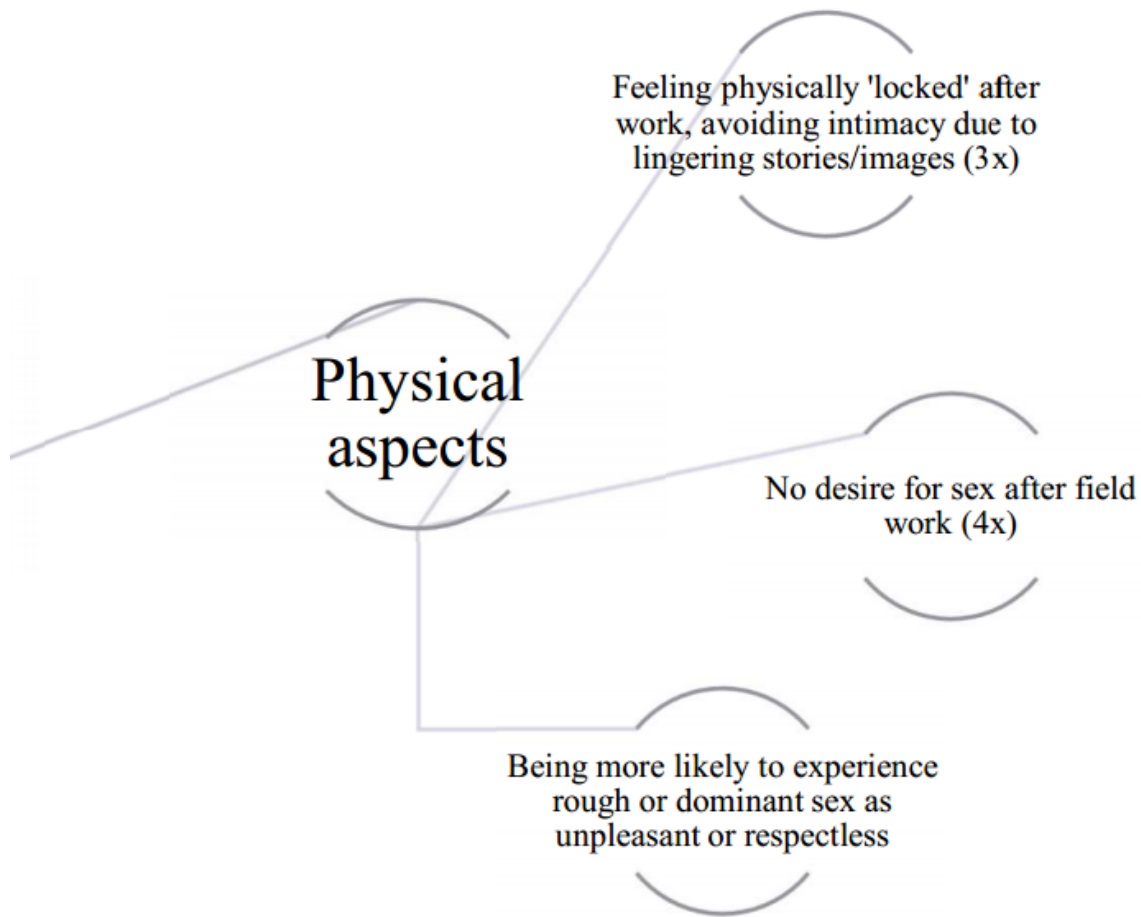


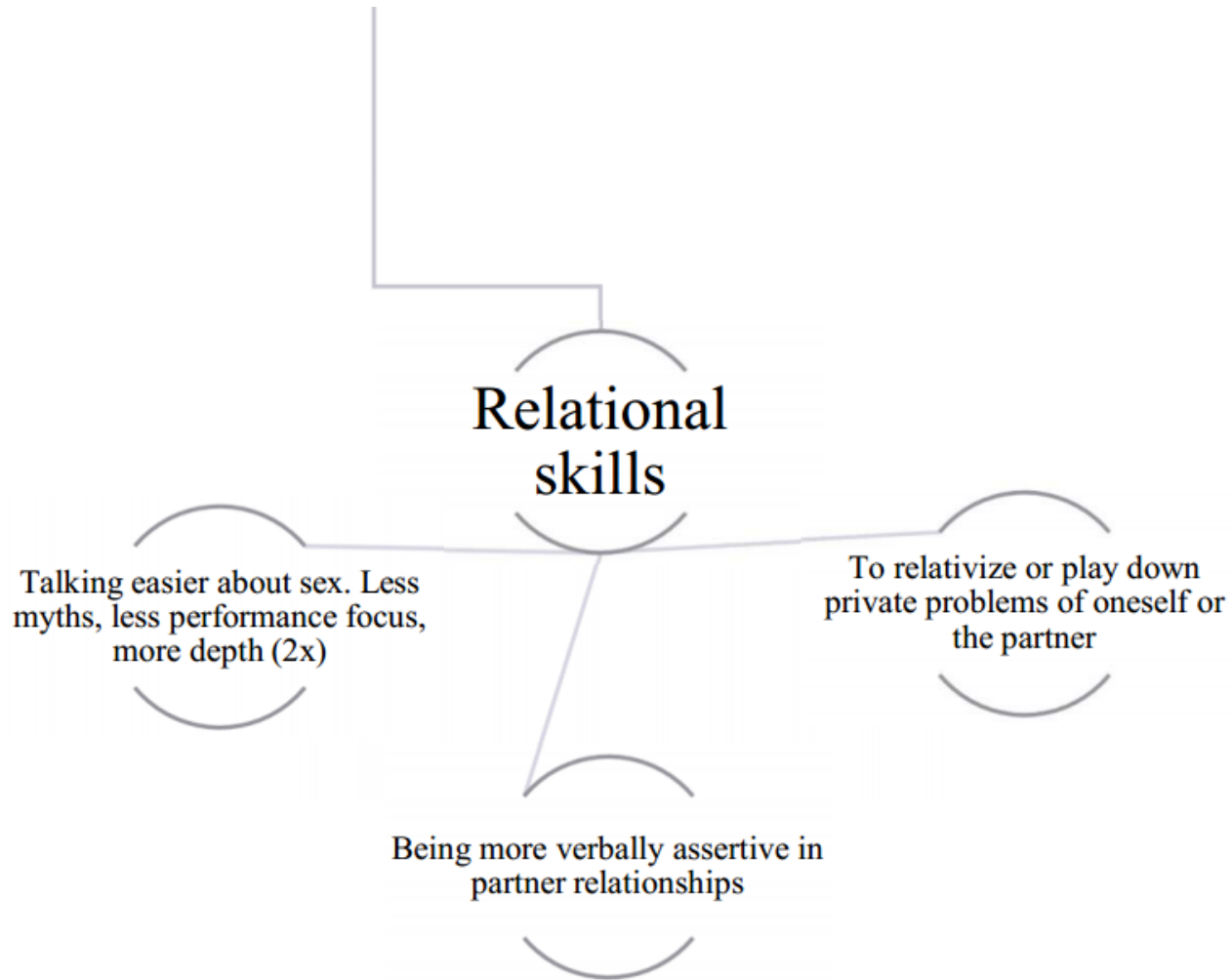


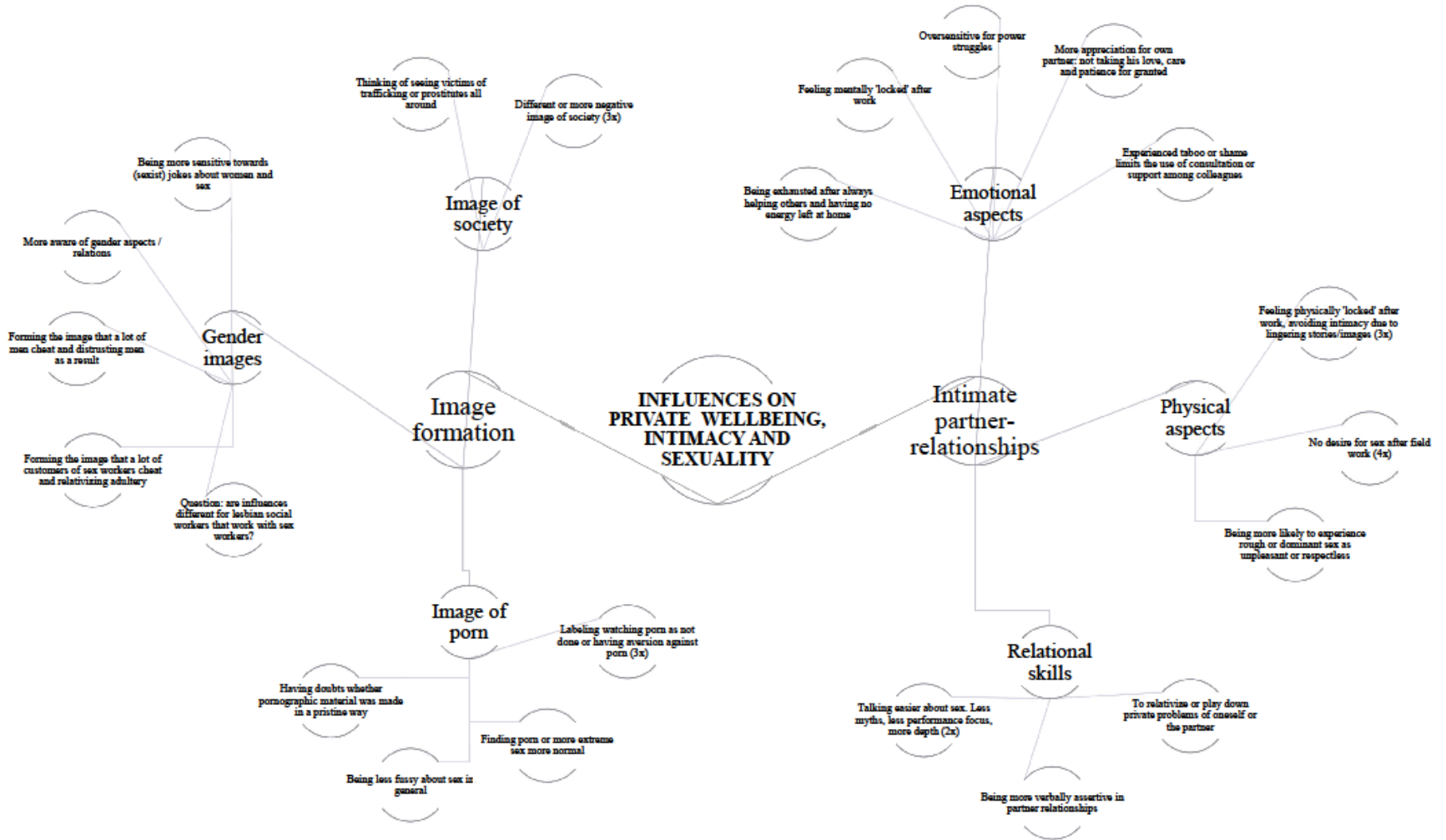












# Preliminary conclusions

- Limited information yet exists on the topic
- Problem exists and is important!

Hypothesis: social workers that work with sex workers experience influences on the private sexuality and intimacy.

- Further research necessary for sustaining and improving the occupational health of the social worker. This can lead to considerable improvement of the quality of the offered services to sex workers.



# What's next?

Anonymous questionnaires among social workers in the Netherlands that work with sex workers and/or victims of trafficking (sexual exploitation)

Focus groups to discuss and interpret outcomes of questionnaires: with sex workers, with social workers?

To be continued..



# Questions?

Thank you!

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