

Social Work Curriculum: Preparation for Sexuality and Sexual Well-being Practice

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Abstract

Social work—an anti-oppressive, practice-based profession focused on social justice—supports people's access to and ability to create healthy lives. Therefore, social workers should not only understand and value a service user's sexuality, but also be able to competently navigate this area of practice. This mixed method study explored the role of social work education in preparing social workers for practice in sexual health settings. Forty-one Australian social workers and allied health professionals participated in a survey, seven of whom participated in subsequent focus groups. A descriptive analysis of surveys was conducted, and inductive analysis of the focus groups resulted in five overarching themes. Theme 1: 'Educational Journey' focused on the absence of content in Social Work curricula, contrasting with rich learning from peers and community members. Theme 2: 'Disease, Disaster and Dysfunction' highlighted that sexuality content was often framed through a deficit lens in their social work programmes. Theme 3: 'Placement/Practice Learning' highlighted the importance of social work field education programmes. Theme 4: 'Being "Askable"' was seen as essential. Theme 5: 'Barriers' resulted in four sub-themes: (i) Curriculum, (ii) Medicalisation, (iii) Baggage and (iv) Positioning. An overall recommendation is that the social work curricula must prepare social work students to utilise a sexual well-being-informed practice lens and more specifically to be askable. Further, implications for social work education and research are discussed.

Keywords: Mixed methods, practice, sex positive, sexual well-being, social justice, social work education

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Introduction

Sexuality is central to human identity and holistic health and well-being (Office of the Surgeon General (US), 2001; World Health Organization, 2006; Bancroft, 2009) despite diverse cultural perspectives and approaches to discussing sexuality. Therefore, it is reasonable to assume that social workers, practice-based professionals, focused on social justice and supporting people's access to create healthy lives, can commit to not only valuing sexuality, but to also have skills and knowledge to work in this area. However, as Schaub *et al.* (2017) note, 'the social work profession struggles to engage with sexuality under the anti-oppressive banner as deftly as it does with other types of social difference, such as ethnicity, age, class and gender' (p. 427). This is perhaps unsurprising given the lack of sexuality education in social work classrooms (Rowntree, 2014; Dodd and Tolman, 2017; Turner, 2020) and field placement learning (Satterly and Ingersoll, 2020).

Following the 'sexual revolution' of the 1960s and 1970s in the USA and other parts of the Global North, social work scholars have advocated for the inclusion of sexuality content in social work programmes to prepare graduates for working with individuals and communities (Roberts, 1986; Martinez, 2011; Turner and Pelts, 2022). Two consistent themes emerge across studies focused on sexuality and social work programmes; first, the notable absence of sexuality content in the curricula and, secondly, where there is content, it is often delivered and assessed using deficit, medical and risk framing (Dodd and Katz, 2020).

Wineburg's (2015) study of social work programmes in the USA found none of the top twenty-five programmes accredited by the Council for Social Work Education required a subject on human sexuality. Whilst many programmes offered electives and minors, the absence of scaffolded sexuality content or specific subjects meant that most social work students enter practice without any sexuality content at all and, more specifically, lack the practice skills to conduct a sexual history or assessment (Wineburg, 2015). Similarly, Laverman and Skiba's (2012) study of undergraduate social work students ($n=170$) in the north-eastern USA found only 42 percent of students considered they were adequately prepared 'to handle most sexuality issues, although many anticipate[d] working with service users with sexuality issues in practice' (p. 86). There were also notable gaps in content focused on LGBTIQ+ peoples, students' ability to respond to trans and homophobia, and skills to promote sex-positive approaches to sexuality (Laverman and Skiba, 2012).

When sexuality content is incorporated in social work curricula, it 'is often regarded as risk, a subject of intense assessment and intervention. . .or omitted

from discussion altogether as a private affair' (Dodd and Katz, 2020, p. 48). This supports Turner's (2020) observation that when sexuality is discussed in social work, it is frequently pathologised, constructed as taboo and, thus, silenced. Further, problematising sexuality confines social work practice to areas that focus on risk avoidance and assessment, sexual abuse and assault and sexual and reproductive health matters (Dodd and Katz, 2020).

Giertsen *et al.* (2021) advocate for social work educators to move beyond an individual framing of sexuality and adopt constructionist and critical perspectives in social work education 'to expand the existing focus on risk and illness to include discussion of sexuality in relation to diversity, power, social identity, pleasure, intimacy, and relationship' (p. 2). Importantly, reframing sexuality as a social justice issue provides space for intersectional understandings with, for example, disability, racism, sexual and gender diversity (Logie *et al.*, 2015).

The absence of sexuality content is unsurprising when accrediting bodies do not require specific subjects and/or scaffolding of sexuality content in social work programmes. The absence of programme guidelines leads to significant 'variability...[about] where it [sexuality content] appears and what topics are covered, and such decisions are made at the discretion of individual programs' (Laverman and Skiba, 2012, p. 82).

Sexuality defined

Turner (2020) has highlighted that social work has often abandoned its strengths-based framework when it comes to sexuality defaulting to a medicalised and sex-negative lens that typically centres penetrative penile/vaginal (Schroeder, 2009) heterosexual intercourse. He further cautions social workers who might 'delude a professional understanding of sexuality to solely issues of gay affirmative practice' (p. 317) to, rather, advocate for a social work understanding and expertise 'that encapsulates knowledge, skills and comfort around a... multi-dimensional understanding of human sexuality' (p. 317) as offered by the World Association for Sexual Health's (WAS) Declaration of Sexual Rights (WAS, 2015):

Sexuality is a central aspect of being human throughout life, encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. (WAS, 2015, p. 1)

Further, a sex-positive approach counters sex negativity where sex is viewed as risky calling on social workers to embrace pleasure activism as a sexual justice (Turner *et al.*, 2018) issue and within social work's long-standing social justice approach.

Current study

Whilst scholarship continues to emerge examining social work and human sexuality, we found no literature asking sexual health social workers about their implicit and explicit educational journey. In acknowledgement of this gap, the mixed method study reported on here examines Australian sexual health social work. Our central argument is that social work curricula need to provide sexual health education more explicitly to students in order to uphold social work's commitment to anti-oppressive practice. Whilst a forthcoming publication (Turner *et al.*, 2023) explores the competencies and skills needed to be a social worker in sexual health, the current study examines how practitioners in sexual health were prepared both formally and informally to work in sexual health. This article presents findings from a broader mixed methods study, which mapped sexual health and well-being services in the Sydney region. We report here on social workers' reflections of working in the field of sexual health and the extent to which their university degree prepared them for working in this field. Finally, implications for social work teaching, research and practice are reviewed.

Methods

Design

Western Sydney University Human Ethics Research Committee (Ethics ID H13903) approved this study to be undertaken. The mixed methods study was influenced by our commitment to sexual justice and informed by anti-oppressive social work research (Strier, 2007) with its focus on active participation and knowledge creation to identify, disrupt and challenge oppression (Dominelli and Campling, 2002; Mullaly, 2010).

The study was conducted in two phases during the latter half of 2021. A survey was emailed to agencies providing sexual health and well-being services and survey participants self-selected into focus groups where they could discuss in greater depth their experiences of working in sexual health and well-being settings. Survey participants were able to enter a gift card lottery and all focus group participants received a gift card to the value of AUD25.

Participants

Survey respondents

The survey was emailed to government, community-based and non-government organisations (NGOs) ($n = 50$) with a request that it be forwarded to a sexual health social worker, a chief executive, a human

Table 1. Survey respondents, organisation ($n = 41$)

Commonwealth government health service	Community-based organisations, small to medium	Large NGOs	State and/or other
15	9	7	10

Table 2. Survey respondents, position title ($n = 41$)

Social Worker	Health Promotion Officer	Physician	Case Manager	Volunteer	Chief Executive	Counsellor	Nurse	Psychologist	Sexual Health Counsellor	Other
13	2	1	1	1	6	4	1	3	3	6

resources executive or programme manager. Forty-one responses were received from a diverse range of organisations as shown in [Table 1](#).

Of the ten respondents who selected ‘State or Other’, six were in private practice providing psychotherapy and specialising in sex therapy, one was employed in an in vitro fertilisation Clinic, one in a non-profit organisation and two worked in small NGOs.

All but one of the survey respondents were women and the majority worked in large government and NGOs whose core purpose was not sexuality-focused ($n = 25$). Notably, these respondents indicated on a sliding scale that between eleven percent and thirty-nine percent of their work was with service users on issues relating to sexual health and well-being. Sixteen respondents described their work as sexuality-focused, in organisations where sexuality was core business, such as a sexual and reproductive health centre. Position titles were diverse as shown in [Table 2](#).

Survey respondents: Social workers

Eighteen of the survey respondents ($n = 41$) had a social work qualification, sixteen of whom went on to answer social-work specific questions. The age ranges of social work respondents appear in [Table 3](#).

The position titles of social work respondents were varied as shown in [Table 4](#).

Five social work survey respondents had been practising for less than four years, four had been practising for between five and ten years, two had been practising for between eleven and twenty years and five had been practising for more than twenty years. Years of experience working specifically in sexual health and well-being is shown in [Table 5](#).

Table 3. Age range of survey respondents, social workers ($n = 16$).

Aged 18–29	Aged 20–39	Aged 40–49	Aged 50–59	Aged 60–69
1	4	5	3	3

Table 4. Survey respondents, social work position titles ($n = 16$)

Social Worker	Mental Health Worker	Sexuality Therapist	Case Manager	Service user advocate	Sexuality Educator	Sexual Health Counsellor	Private Practitioner
1	4	3	2	2	2	1	1

Table 5. Social work survey respondents, sexual health and well-being experience ($n = 16$)

1–2 years	3–4 years	5–7 years	8–10 years	11–20 years	20+ years
3	2	1	3	2	5

Table 6. Focus group participant demographics ($n = 7$)

Pseudonym	Group no.	Social work graduation year	Years working in sexual health	Employer's core business is sexuality
Pauline	1	1989	32	Yes
Carol	1	2005	15	No
Gloria	2	1984	6	Yes
Katrina	2	1977	25	No
Terri	2	2000	6	Yes
Stephanie	2	2014	10	No
Debbie	2	No answer provided	No answer provided	No answer provided

Focus group participants

Seven respondents, all social workers who identified as women, self-selected to participate in a focus group. Two focus groups were offered: Groups 1 and 2. Table 6 provides information about the focus group participants. Organisation names have not been included to protect anonymity. Whilst we attempted to facilitate a natural conversational style, the nature of an online focus group also allowed us to orderly go around the room. Once this pattern was established it became routine; thus, securing space for everyone to have the opportunity to add to the conversation. The facilitators, skilled group process social workers, were able to move conversation along when needed and also circle back to those who might have shared little on certain questions to see if they had anything to add.

Data collection

Data collection commenced following approval from the Anonymised University Human Research Ethics Committee (approval no. H13903). Phase 1 involved purposively sampling sexual health and well-being services in the Greater Sydney Metropolitan area. A Qualtrics survey was emailed to fifty service providers seeking information about the types of services provided and the knowledge, skills and understandings required for this work. The email invitation included a Participation Information Sheet outlining the aims, activities, risks, voluntary nature and benefits of participation. Participants who accessed the survey link selected a button indicating consent before being able to progress through to the questions. Forty-one responses were received from sexual health and well-being professionals. Phase 2 involved two focus groups to gather in-depth information about the skills and knowledge needed to work in this area and the extent to which social work programmes had prepared participants. Seven survey participants accepted the focus group invitation. Each focus group was facilitated by the Chief Investigator and one of the Principal Investigators and conducted online due to Covid restrictions in place at that time. Focus groups were recorded and lasted approximately 1.5 h.

Data analysis

Focus groups were transcribed and data thematically analysed using [Braun and Clarke's \(2006, 2012\)](#) methods of: data familiarisation; the generation of initial codes; identification, review, and revision of themes; definition and naming themes and, lastly, producing the final analysis. Qualtrics reports were generated for the survey data and descriptively analysed. To ensure the trustworthiness of the analysis and findings ([Braun and Clarke, 2006](#); [Mackieson *et al.*, 2019](#)), coding was completed separately by each of the three authors and brought to regular meetings for discussion. Once confirmed, themes were transferred and organised using a thematic map and further reviewed by the research team. This was to ensure the creation of an overall narrative accurately reflected the data provided ([Braun and Clarke, 2006, 2012](#)) by both survey and focus group participants.

Findings

In this article, we draw on survey and focus group data to explore how social workers practising in the field of sexual health reflect on how they were prepared for working in this field and the skills and knowledge

required to practice in ways that do not reinforce marginalisation. The data analysis process resulted in five overarching themes: (1) educational journey, (2) disease, disaster, and dysfunction, (3) placement, (4) being 'askable' and (5) barriers. Each of these themes are described and illuminated with excerpts from participants' narratives. All personal names are pseudonyms and some locations have been removed to provide anonymity.

Educational journey

Participants were asked how sexuality was addressed in their social work education. Two sub-themes emerged: (1) university education: 'sexually silent' and (2) street training: 'screaming with learning'. Participants highlighted the social work curriculum and a more formal academic and systemic approach that generated codes around: not addressed, indirectly, insufficiently, and placement. Whereas participants also described that their personal life (e.g. street training) was often vibrant, contemporary and all around them, exposing them to 'in the trenches' sexuality training. Codes within this subtheme included: (1) current events/HIV, (2) activist efforts, (3) peers and gay men and (4) fun and pleasure.

University education: Sexually silent

Survey participants were asked to rate on a Likert scale their level of agreement with the statement: 'my social work education prepared me for working in sexual health and well-being'. Of the sixteen respondents who identified as social workers, only three agreed with this statement and two strongly disagreed. None of the survey participants could recall a dedicated subject on generalist human sexuality in their social work programme, and only four social workers reported a dedicated lecture or workshop focused on sexual health and well-being. Further, five social workers reported a dedicated lecture on sexual trauma and abuse; and five said they had one lecture focused on LGBTQIA+ peoples.

When asked to what extent social justice discussions included conversations about, and examples of, sexual health advocacy (sexual justice) work, twelve of the sixteen social work survey respondents somewhat disagreed or disagreed with the statement. Only one social worker strongly agreed their social work programme taught them how to assess and discuss service user sexual well-being, and nine of the sixteen social workers disagreed their degree explicitly valued service user sexual health and well-being.

Overwhelmingly, focus group responses were: 'it wasn't taught to me. So, I didn't have an expectation that that would be one of the things that

I would be dealing with' (Katrina). The absence of content was a recurring point of discussion, with Carol stating:

being able to reflect on your own values around gender, religion, and family of origin stuff [as well as providing] a sexual health assessment or just even taking a sexual health history, none of that was covered...core skills that should be [covered]!

Only two of the focus group members could recall a dedicated lecture on sexual health and well-being. Both social workers linked the inclusion of sexual health and well-being content to the personal interest, identity and practice experience of academics delivering the subject—rather than content that 'had to be taught' and explicitly articulated in the curriculum. Carol shared, 'Because I do think the courses are driven by faculty interest and special skillsets, so how was sexuality addressed in my social work training? I would say indirectly, and maybe a little bit insufficiently'. This was supported by Pauline stating, 'Megan, a social work faculty member who self-identifies as lesbian was there [the university] at the time, and she was one of my tutors and was very supportive [of sexual health and well-being content]'

Street training: Screaming sexuality

In contrast to social work curricula, participants spoke about how their personal lives were abundant with sexuality learning to the point of seemingly screaming in comparison to the university silence. Pauline noted the juxtaposition of living during the HIV/AIDS pandemic in the 1980s, stating, 'because HIV was taking up a lot of space in the time when I was at uni then there were lots of conversations about HIV'. Pauline further reflected on community activism sharing, 'the gay and lesbian community were very active on campus, but I actually don't remember getting any training'. Yet another participant, Stephanie, connected an informal yet rich education through their personal friends and contacts, sharing, 'the people who taught me were my peers, the people I lived with, my community, and so it's because of that that I went in with eyes wide open and available to learn, and interested'.

Disease, disaster and dysfunction

Participants advised that any sexuality content in their social work programmes were notably deficit-focused. All believed that a 'sex-positive' framing in social work curricula was needed and felt it ironic that social workers trained in the strengths perspective (Weick *et al.*, 1989), and who typically practised from a non-pathologising approach, often regressed to using a medical model to frame service user sexuality

approaching it as something to be feared, controlled and fixed. All the social workers who participated in the focus groups identified this as a key aspect of social work education that required change, advocating for social work programmes to take a ‘sex-positive’ framing in their curriculum.

Often only a few topics associated with human sexuality were covered in participants’ social work education, such as sexual abuse. However, this too can be very limited as noted by Carol who recalled, ‘sexual abuse stuff I think was maybe [covered in domestic violence] or in the law subject, but I don’t remember really learning very much as a social work student’. Gloria, a social worker in a fertility clinic, spoke about the problematising of sexual health in social work education:

It still goes back to the fact that maybe it’s not discussed much in university courses, except...when there’s some kind of problem, like sexual abuse, sexual assault and, of course, in the field of fertility, sexuality is considered problematic because it hasn’t got them where they want to get which is having children.

Further, as Terri emphasised, whenever ‘we touch on sexual health it’s about deviance or [something] negative, medical—happening to the person’s body...I don’t remember learning anything about sexuality or sexual health, except for, you know, sexual assault in university’. As Carol highlighted, even this educational approach was very limited by only discussing the victim/survivor. They shared:

I’ll tell you the thing that it was... never working with perpetrators...and I’d probably said up until a couple of months ago, oh, I’d never work with perpetrators, it’s not the interest area, and then I met someone with a disability who was perpetrating – all the perpetrator programmes were, ‘we don’t work with disability’. I’m, like, well, if we don’t [take this work up]– [this service user is] a fast track to prison... so we did some partnering up work and, well never say never, because sometimes you end up doing perpetrator work because you’re doing the disability work.

Pauline challenged social work’s pre-occupation with risk and danger; advocating for sex-positive social work values that centre pleasure and joy:

Talk about risk, but also balancing it with joy and pleasure, so that it’s not just all this risk, danger... which – it felt very dangerous being sexually active in the middle to late ‘80s, but to learn how to do that with joy. [This] was really important in doing the work and being able to talk to people about sexuality and minimising risk, to keep joy, pleasure, fun, connectedness, and relationality always in there.

Several participants also spoke about the impact of limited or no sexual health content within social work curriculum—that the silence reinforced the ‘taboo’ and ‘deviant’ narratives associated with sexual health, as well

as placing limits on where (fields of practice), how (practice methods) and with whom (population groups) sexual justice social work happens.

Placement

Participants spoke about the importance of social work field education placement opportunities in sexual health settings; first, for students to develop their practice knowledge and skills to work holistically with individuals and communities and, secondly, to build social work's identity as sexual justice practitioners. Carol recalled the deep and rich learning opportunity her placement provided; however, she also felt overwhelmed and ill-prepared working in sexual health and well-being:

My first placement was with [community organisation], and I was in the women's space, doing the sex worker outreach, so that was probably the first exposure that I'd had to sexual health, but it was more in the sex work side of things, and that was brief and ill-informed.

Pauline, a social worker in a community organisation supporting LGBTQIA+ peoples, told us about completing her final placement in a sexual health clinic and learning about sex-positive social work practice:

I did my final placement at [Sexual Health Clinic], and in that time I mostly worked on the telephone counselling service line, and I also worked in the clinic and gave results to people who were being tested...It taught me how to be a bit playful with clients, to talk about tough stuff, but in a playful way. And to not ... approach sexuality ... from this very serious dour perspective, but to go, "let's be sex positive, let's embrace sexuality, let's see it as a resource and let's revel in it".

Some of the social work participants were also field educators who regularly supervised social work students on placement. They expressed concern about the absence of sexual health and well-being content in social work programmes and how many students did not consider sexual health an area of social work practice. Carol sums this up:

In terms of the question of do you think social workers in general see sexual health as part of social work? The answer is no because it's not in our curriculum... but when we've taken students on placement they expect to do health...they expect to do child protection because they do child protection in their curriculum, they do family violence in their curriculum, so when they came on placement and they see that we're doing sexuality they're like, 'why did you do that'? That's because they haven't talked about it.

Being 'askable'

One of the key themes that emerged from the focus groups was the need for social work programmes to prepare social workers to be 'askable'. This was seen as a core social work skill of communication applicable across all fields of practice. As Pauline put it:

being able to let clients know that ... you're wanting to open up that space, and it's their choice about whether or not they feel able to talk to you about it. But asking the question gives permission for people to start talking about their experience, if we don't ask the questions, they don't tell us, so we have to be able to ask the questions.

Participants did not think specialised knowledge and skills were required in sexual health, and certainly incorporating sexual justice in this mind set reinforced the idea that sexual justice is not for everyone.

I think we don't have to know all the content knowledge; we do have to know how to make people feel comfortable and to start a conversation, and that's a great skill, and if you haven't learnt that in your social work degree then you really shouldn't be out there practising. (Katrina)

Katrina also spoke about challenging practitioners to be inclusive of sexual justice:

How many of you feel like you can have a conversation about child protection? About domestic violence? About end-of-life? What about sexuality? 'Oh, no, you can't have that'. You can! The communication skills are exactly the same, there's nothing different about it. The content knowledge you can learn and the communication skills are exactly the same...I'm not asking you to be the sex therapist. What you have to do is give permission and create a safe space and rapport and trust and privacy to have a discussion ... which might include referring them on.

Barriers

Participants were asked to identify the barriers impacting their preparation to practice in relation to sexuality and sexual health. Four sub-themes emerged: (1) Curriculum, (2) Medicalisation of sexuality, (3) Social work baggage, (4) Positioning sexuality social work.

Curriculum

As well as speaking about the absence of sexual well-being curricula content, participants noted that, when included, it was from a medical model of health. Carol elaborated stating 'until we start opening the pool to include the lane of sexual health at the curriculum level then, no, people aren't going to think of it as a social work job'.

Medicalisation of sexuality

Participants acknowledged that sexuality has not traditionally been part of the social work scope of practice but, rather, seen as a medical issue. Further, physicians often do not see a service user's sexual well-being as an inter-relational issue, but rather an issue to be fixed by 'drug prescribing', which excludes social workers from this area of practice. Carol explained the challenges:

I think to work well in this space, you have to have enough self-belief that you can deal with the doctors, because they've got so much power, influence and authority... and [when service users] get admitted under a doctor, that's the medical model of health. ...To try and merge or push an agenda of sexual wellbeing as a basic human right, [or sexuality as] core to who people are, and a personal relational issue rather than a medical issue, you have to be thick skinned enough to deal with the pushback.

Social work baggage

In addition to a social worker's own personal sexuality, values, biases and beliefs regarding sexuality that must be addressed, participants noted grappling with the imposter syndrome (Logie *et al.*, 2015; Areskoug-Josefsson *et al.*, 2019). Carol shared, 'It's hard work because... you need to show that you're competent enough to triage properly, you're competent enough to know when to bring the doctor in, and you've got your social work baggage that I don't have anatomy training.'

Positioning sexuality social work

Participants discussed how social work is often absent in the sexual health discourse, leaving other professionals such as nurses and psychologists to fill these practice gaps. This was highlighted by Pauline:

And I think that we don't take up enough space actually in the sexual wellness space, that often in private practice sexuality work is thought to reside with psychologists... in sex therapy, and in fact I think that we [social workers] do a lot more than that and we're talking about identity, connection to self, values, view of self, self-worth, that can be very much connected to people's sexuality.

Discussion

The current study explores how social workers practising in sexual health settings were prepared for practice, with a focus on their degree

programmes spanning three decades. Sexuality is central to a service user's identity and is part of individuals' and groups' holistic health and well-being (Bancroft, 2009; World Health Organization, n.d.). The location of sexual well-being content in social work programmes can be challenging for students learning and educators teaching the art of social work practice (Turner *et al.*, 2022). However, sexuality-informed social work has a significant impact on students and future practitioners, not only in the area of direct practice, but also around the understanding and framing of sexual justice social (Turner *et al.*, 2018) work within anti-oppressive practice. This study uniquely adds to the current body of sexuality research by illuminating the gaps in social work education around sexual well-being as well as the lack of integration between intersectional understandings and anti-oppressive practice. From a research standpoint, this article is particularly important because it expands the social work discourse around sexuality education and training, not only for those practitioners preparing to practise in sexual health, but by also positioning the need for all social workers to practise from a sexually informed practice lens. On the whole, results suggest that there is room for significant improvement in social work curricula to prepare social workers to work in sexual health and in preparing social work students to utilise a sexual well-being-informed practice lens and more specifically to be askable.

Overall, the 'Educational Journey' theme is notable for two distinct reasons: First, it highlights the lack of sexual well-being content within the social work curricula within the subtheme, 'University Education: Sexually Silent'. An elective subject (module, unit, or course) on Generalist Human Sexuality should be considered. Not only would this meet the needs of those students hoping to practice in sexual health and well-being, but also it would improve the overall sexual literacy of students and competence across diverse fields of practice. By conducting a curriculum audit, social work educators and programme leaders can identify where students receive content related to sexuality and incorporate this in anti-oppressive practice discussions. It is not enough to assume that sexual health and well-being will be covered within the curriculum by a particular academic or in a particular subject. This merits careful consideration given that social work students report feeling poorly trained on how to discuss and provide assessment and support in relation to service user's sexuality (Newman *et al.*, 2009; Laverman and Skiba, 2012; Logie *et al.*, 2015).

In the Australian context, the Australian Association of Social Workers (AASW), both the accrediting body for social work programmes and the professional association, notes:

...the Social Work profession is committed to the pursuit and maintenance of human wellbeing. Social Work aims to maximise the

development of human potential and the fulfilment of human needs, through an equal commitment to: a) working with and enabling people to achieve the best possible levels of personal and social wellbeing, and b) working to achieve social justice through social development and social change. (AASW, 1999, p. 5)

Arguably, social workers not prepared to address service user sexuality will fall short of fulfilling this commitment to service users. The absence of comprehensive sexuality education (CSE) in Australian social work curricula is unsurprising given that the AASW does not require accredited social work programmes to provide this content. In fact, the [Australian Social Work Education and Accreditation Standards \(ASWEAS, 2020\)](#) makes only four references to sexuality, emphasising knowledge and understanding in the areas of sexual abuse and discrimination based on sexual orientation.

The subtheme ‘Street training: Screaming learning’ evidences the ongoing personal learning in the community around sexual health and wellbeing, lending support for field education placements as a viable learning environment in such settings. However, it must be noted that whilst participants were proactive in seeking out learning, the social work academy cannot leave this vital learning to chance encounters in the community. Rather, the academy should harness these resources and integrate them into a formalised assessed learning opportunity in field education placements and in other parts of the curriculum.

Of particular interest is the second finding, ‘disease, disaster, and dysfunction’. These three Ds of sexuality (McGee, 2003) routinely emerge as the sole focus of social workers reinforcing professional complicity in prioritising practice that medicalises sexuality and deviates from a social justice agenda. From an intersectional point of view, this is often along the vectors of other aspects of oppression, for example, the ways in which Black women’s sexuality is viewed and problematised through racist assumptions and in relation to women and men with a disability who are often deemed as asexual. Equally problematic is a social work approach from a sex negativity framework (e.g. sex addiction). Turner (2020) raises concern about a social work lens that legitimises certain practice areas of service user sexuality by myopically focusing on sexual pathology (e.g. sexual abuse, incest, rape, disease) and pregnancy prevention, whilst remaining silent on issues such as sexual pleasure, a service user strength. Further, Turner notes (2020) ‘we can avoid the tendency to bury client sexuality by recognizing that the strengths model encourages social workers to centre a client’s sexuality’ (p. 315).

Perhaps even more compelling were the results of ‘Being Askable’, a theme highlighting a general social work skill and not one that is confined to sexuality. So, despite the fact that many social workers lack confidence integrating sexual health and well-being into their practice

(Williams *et al.*, 2016), and the fact researchers (Bay-Cheng, 2010; Swank and Raiz, 2010) have noted a lack of social work skills to address service user sexuality, social workers can always draw upon this foundation skill—being open and askable. Social workers strive to be available, to build service user rapport and approachability in many challenging contexts such as suicide, drug use, divorce, child abuse, end-of-life and homelessness; therefore, being askable for conversations around service user sexual well-being is a natural extension of a core skill that all social workers can offer service users.

Limitations

Limits to the generalisability of this study include a small focus group sample with limited gender representation, and primarily from a metropolitan area. Also, not all survey respondents are social workers. Results should not be generalised to social workers, nor to all social workers practising in sexual health settings. Despite these limitations, our findings have implications for social work curricula development and social work accrediting bodies. Future studies should explore a larger sample size to include a diverse range of participants, as well as sites of social work practice. Understanding how social workers from diverse backgrounds describe their preparation to practice in sexual health will inform more robust scholarship and accessible practice.

Implications for social work education

Framing sexual well-being as essential to progressive social work is a key take-away message from participants. Further, we contend that social workers' uneasy and limited approaches to sexual health and well-being is linked to the absence of comprehensive sex education in most social work programmes, including classroom content and field placements. The social work academy must begin to explicitly integrate sexual well-being content into social work curricula. For social work students reticent to engage in supporting the sexuality of service users due to perceptions that sexual health and well-being requires specialised training or a referral, it is crucial that educators remind them that 'being sexually literate and "askable" provides you tools to more holistically see your clients' (Turner, 2020, p. 309). This might prove an entry point for advocacy in sexual health and well-being. Additionally, social workers bring a foundation in biospsychosocial assessment and treatment approaches, enhanced interpersonal skills, and commitment to social justice which strategically situates them to engage with service users' sexual health concerns (Rowntree, 2014; Turner, 2021).

Suggestions

An overall suggestion is that the social work curricula must prepare social work students to utilise a sexual well-being-informed practice lens and more specifically to be askable. To accomplish this goal, social work educators and programme leaders, as well as accrediting bodies, may want to consider the following suggestions informed by the participants of this study:

1. **Sexuality subject:** Offering a specific subject on sexuality would not only benefit those planning to be sexual health social work practitioners but would also benefit other students by enhancing their overall practice competency across diverse fields of practice.
2. **Practice skills:** Within practice skills subjects, students often role-play challenging conversations. These should explicitly include sexual abuse, non-consensual sex and skills development that includes sexual health history-taking and assessment to highlight how sexuality intersects with mental and physical health and well-being. Within social work and health subjects, not only should they cover LGBTQIA+ health but also general sexual health across all communities and include topics such as mental health drug interactions, spiritual shame, post-cancer treatment sexuality recovery, consent and boundary setting as well as exploring sexual pleasure and sex positivity. Scaffolding this content across subjects reinforces the conversations as relevant for all social work practice.
3. **Policy and research:** Subjects that focus on policy and research should integrate relevant sexuality exemplars, readings and activities to highlight the significance of the topic in key areas such as policy and legislation, new research design or methodology, including co-constructed knowledges.
4. **Sexual well-being is social work:** Sexual health is more than a medical issue and social work needs to claim its usefulness within this practice area. Social work graduates should have the skills and knowledges to practise within a sexual justice and sexual well-being-informed framework. Ideally, this means sexually literate social workers who can provide comprehensive, age-appropriate, accessible, medically accurate, shame-free, inclusive, and pleasure affirming, sex-positive-informed practice that encompasses not only the biopsychosocial aspects of sexuality, but also practical relational advice that contributes to positive sexual outcomes for service users.
5. **Social justice includes sexual justice:** Professional organisations and accrediting bodies need to explicitly name and adopt 'sexual justice' as part of the ethical framework of social work. Social work would benefit from aligning with the Declaration of Sexual Rights

([WAS, 2015](#)) to acknowledge that seeing the whole person includes seeing them as sexual beings with sexual rights. This includes incorporating sexual pleasure within the social justice lens ([Coleman et al., 2021](#)).

Implications for human sexuality research

As we continue to improve the content and delivery of robust, contemporary and relevant education in the preparation of social work practitioners, it is important to evaluate the sexuality content within the social work curriculum. Research where content is located (e.g. through readings, tutorial activities, lectures, assessments), how it is scaffolded across subjects and courses, and why it is absent in particular subjects will be essential. Exploring how academics self-evaluate their knowledge, skills and comfort in delivery of sexuality content should be prioritised. Further, conducting and analysing data from a larger sample size separately between workers who had recently graduated and those who had graduated ten years or more may prove interesting.

Conclusion

A cornerstone of social work education is to help prepare students to enter the workforce as practitioners with an explicit value base promoting social justice and anti-oppressive practice. [Turner and Pelts \(2022\)](#) have highlighted that there is ‘little preparation of social workers to engage clients around sexuality’ (p. 874). This is to the detriment of service users and remains an underdeveloped aspect of anti-oppressive practice along with limiting understandings of intersectionality. Social work curricula need to be examined and space found to address sexual health and well-being, a vital aspect of not only individual service users and families, but also the communities in which we work. Social workers who are not prepared to address sexuality as part of their social work practice compromise their work at the micro, meso and macro levels.

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