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A social work field education placement in sexual wellness: proposed key competencies

George W. Turner, Robyn North and Gabrielle Drake

Social Work, Western Sydney University, Penrith, NSW, Australia

ABSTRACT

This paper reports on core competencies needed by social work students to work in sexual health settings (e.g. physical/reproductive aspects) and/or sexuality wellness, broader aspects inclusive of emotional, mental, relational, sexual justice, pleasure, and overall satisfaction. Whilst social work sexuality-focused placements provide opportunities for students to become familiar with sexuality issues, we argue that, prior to placement, students should be prepared with a sexuality-informed practice lens. The mixed methods study draws from data collected from participants working in 41 Australian sexual health agencies. Descriptive analysis of surveys and inductive analysis of the focus groups resulted in three overarching themes: (1) sexuality is part of holistic social work practice; (2) generalized social work education should increase student sexuality knowledge, skills, and comfort or confidence; and (3) core competencies required for social workers in sexual health settings. Finally, implications are presented.

IMPLICATIONS STATEMENT

- Given a global shortage of viable social work field education placements, the study highlights a novel placement site for student learning.
- The study proposes key competencies that would benefit students considering a sexuality-focused social work field placement.
- This study calls for social work programs to consider integrating both sexual health (e.g. physical/reproductive) and sexual wellness (e.g. emotional, mental, relational, sexual justice, and pleasure) content across the curricula to prepare more practice-ready students.

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According to the Australian Association of Social Workers' (AASW) Australian Social Work Education and Accreditation Standards (ASWEAS), field education facilitates student meaning-making by 'developing professional identity, integrity, and practice frameworks' (Australian Association of Social Workers [AASW], 2020, p. 9). As part of this process, the paper argues that a *sexual justice* framework must be explicitly integrated in social work education (Turner, 2024). In support of this, a sexuality-informed practice

CONTACT George W. Turner g.turner@westernsydney.edu.au Social Work, Western Sydney University, Parramatta South Campus, Locked Bag 1797, Penrith, NSW 2751, Australia

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lens (Turner, 2020) provides a more 'comprehensive, accessible, medically accurate, shame-free, inclusive, pleasure-affirming, and sex-positive' (p. 306) social work approach. Whereas sexual health may focus on physical and reproductive aspects (World Health Organization [WHO], n.d.), sexual wellbeing is 'broadly conceptualized as a concept consisting of amalgamation of sexual health, sexual pleasure, sexual quality of life, and sexual justice' (Rao et al., 2024, p. S263). It is our position that field education placements can increase students' sexuality competencies, knowledge, skills, and confidence, addressing a practice education gap—many social work students are uncomfortable with service-users' sexuality concerns (Dodd & Tolman, 2017). Given that the health and social services sectors are amongst the largest employers of social workers in Australia (Australian Institute of Health and Welfare [AIHW], 2023), it is imperative that social work education prioritizes sexual literacy and competency. Further, there is an increasing global demand for quality social work placements (Craik, 2019); it is crucial that Australian students are prepared for these untapped field education opportunities. Finally, it may be argued that students who are knowledgeable, skilled, and comfortable with sexuality wellbeing (Rao et al., 2024) and sexual health (World Health Organization, n.d.) may be better situated in the job market.

Literature review

Numerous scholars (Kattari & Turner, 2017; Schaub et al., 2017; Turner & Joseph, 2023) argue that social workers need to be equipped to respond to service-users' sexual health/wellness in practice. Whereas sexual health may focus on sexual orientation, gender identity, sexual expression, relationships, STI/HIV, and reproductive aspects (World Health Organization, n.d.), according to Rao et al. (2024) sexual wellbeing is 'broadly conceptualized as a concept consisting of amalgamation of sexual health, sexual pleasure, sexual quality of life, and sexual justice' (p. S263). For example, Le et al. (2024) note not only the need for sexuality to be acknowledged as a right in aged-care but the practice of addressing sexuality 'reveals a deeper challenge that needs attention' (p. 15). Further evidence highlights the importance for social workers to support post-mastectomy service users around body image, self-esteem, sexual performance/satisfaction (Montañés-Muro et al., 2023). Strategies are required in social work education to address these practice needs as human sexuality is not adequately presented in most social work textbooks (Prior et al., 2016). Further, researchers studying USA social work programs noted that of the 497 BSW programs and 295 MSW programs, only three undergraduate (and no master's) programs offered a human sexuality course (Velez et al., 2023). Klinner et al. (2024) corroborate this shortcoming noting that social work students need practice skills for talking about service user sexuality as way to normalize such conversations, reduce stigma, and confirm their own abilities.

Yet, 'despite a solid argument for social workers to be more sexually literate, the profession has a poor track record explicitly embracing human sexuality' (Turner, 2020, p. 310). Indeed, the AASW (2020), under the auspice of the AASW, has not codified explicit learning around sexuality. It is the same case with accrediting bodies in other Western countries including the United States' Council on Social Work Education (CSWE) Educational and Practice Standards (EPAS) (Council on Social Work Education [CSWE], 2022), and the Canadian

Association for Social Work Education Educational Policies and Accreditation Standards (2021) (EPAS) and the United Kingdom's Social Work England Professional Standards (2019) and Social Work England Qualifying Education and Training standards (2021).

Research shows that service-users appreciate being asked about their sexual wellness (Garrett & Vaisey, 2022). Yet, despite the pervasiveness of sexuality practice issues in daily social work encounters, 'conversations about healthy sexuality, positive sexuality, or sexual wellbeing are all but absent from current social work literature, education, and practice' (Dodd & Tolman, 2017, p. 227). This is particularly problematic given service users consider sexuality to be a key aspect of their identity contributing to individual and group holistic health and wellbeing (WHO, n.d.). However, there remains a practice chasm as physicians receive scarce medical training in sexual health (Bayer & Satcher, 2015) echoing the call for social workers to have training in sexual health in an effort to fill this practice gap. To address these challenges, social work must recognize that conversations around service users' sexuality should be considered fundamental to their overall wellbeing (Arrindell et al., 2015). Turner (2020) has suggested that social workers are ideally situated to fill this gap with their biopsychosocial approach, strengths perspective lens, and focus on relationship wellness. Further, given that social workers often spend more time and have multiple contact points with service users, integrating a sexuality-informed practice approach from assessment through after-care could make substantial contributions to overall care.

The importance of human sexuality in social work curricula is not new (Matek, 1977) and it is an area that clearly falls within the realm of social work biopsychosocial frameworks (Turner, 2020). Argüello et al. (2025) called out this gap in social work curricula noting specifically that their 'remains a disease between social work and Queer communities, inequities, and issues. Core to this is the blatant lack of a decidedly Queer-affirmative approach in both implicit and explicit curriculum' (p. 1). However, it may be argued that the absence of accreditation standards and the nonexistence of dedicated sexuality threads in social work conferences has contributed to a lack of progress in embedding sexual health and wellbeing in social work curricula. Lavie-Ajayi (2022) examined the relevance of sexuality within field education arguing that 'everyday sexuality manifests as a bilateral negotiation in social work interactions' (p. 310), whilst noting that sexuality is often neglected in social work training, including how social work students initiate and handle these conversations as well as the knowledge and values they bring into such discussions and the emotions arising from these interactions. This topic also holds relevance to macro practice as scholars (Turner et al., 2018) have expanded upon the idea of reproductive justice introducing the term *sexual justice*. Moreover, in light of the current global political climate, positioning sexual justice within social work education on human rights is salient to our ongoing efforts to counter contemporary sexuality oppression (Turner, 2024). Banks (2025) echoes this sentiment encouraging social work programs to create 'justice-informed sexual health content' (p. 12) by embedding a trauma-informed Critical Approach to Sexual Health Education. Further, scholars (O'Neale et al., 2025) have introduced the Reproductive Justice Framework in an attempt to standardize efforts in social work and ensure that 'social workers can advance justice, protect vulnerable populations, and elevate professional standards' (p. 531).

Current study

While a previous study (Turner et al., 2023) explored how social workers were prepared to work in sexual health as part of a broader mixed methods study mapping sexual health and wellbeing services in the Sydney, Australia, this study explores sexual health/wellness social workers' perceptions of the educational and professional readiness to work in this field of practice. The broad question guiding the research was, 'What are the perceptions of social workers practicing in sexual health/wellness of the needed competencies for students placed in a sexual health field education practicum site.' First, we report on proposed general sexuality skills for all social workers followed by core sexuality competencies needed for field education placements in sexual health settings. Finally, we discuss implications for social work teaching, practice, and research.

Methods

Positionality

All authors are qualified social workers and currently academics in Australian Higher Education. The first author is a Senior Lecturer from the USA with 15 years' experience working in private practice as a certified sex therapist (American Association of Sexuality Educators, Counselors, and Therapists). The second author is Australian and a lecturer who has an extensive career teaching field education, practice skills, and policy. The third author, also Australian, is a Professor with 25 years practice experience spanning a variety of roles and settings.

Design

Our approach was influenced by our commitment to social justice, specifically *sexual justice* (Turner, 2024). Data were collected in two phases from organizations providing sexual health/wellness services in the Greater Sydney region during the latter half of 2021. An invitation was emailed to 50 organizations, purposively sampled, to participate in a survey, followed by a convenience sample of self-selected participants for two focus groups where participants could discuss in greater depth their experiences of working in the area of sexual health/wellness. Survey participants were able to participate in a gift card lottery and focus group participants received a gift card valued at AUD25.

The survey had a 'terminology' section providing a holistic view of sexuality in accordance with the National Guidelines Task Force (2004) of the Sexuality Information and Education Council of the United States (SIECUS, p. 51). Participants were instructed to consider 'sexual health/wellbeing' beyond heterocentric and penetrative sexual behavior, to include pleasure, emotional intimacy and sexual literacy.

Participants

Survey respondents

The survey was forwarded to organizations ($n = 50$) providing sexual health/wellness services; 41 responses were received from a diverse range of organizations including Commonwealth Government Health Services (15), Community-based

organizations, small to medium (09), Large NGOs (07), and State or Other (10). A range of roles were identified including health promotion officer, physician, volunteer, chief executive officer, nurse, psychologist, and other. The majority ($n = 25$) of respondents worked in organizations whose chief purpose *was not* sexuality-focused and indicated on a sliding scale that between 11% and 39% of their work was with service-users on issues relating to sexual health/wellness. Sixteen respondents worked in organizations where sexual health/wellness was the *main* field of practice.

Survey respondents: social workers

Eighteen of the survey respondents ($n = 41$) had a social work qualification, 16 of whom went on to answer social-work-specific questions in the survey. Nine were employed full-time, six permanent part-time, and one was employed on a casual basis. Thirteen of the social work respondents identified as Australian, two as European and one as Asian. All but one were women. The majority were heterosexual ($n = 9$); two participants identified as lesbian, two as bisexual, two as queer, and one identified as gay. Two respondents described themselves as religious; 14 had no religious affiliation. Their age ranges included: one in the 18–29 range, four in the 20–39 range, five in the 40–49 range, three in the 50–59 range, and three in the 60–69 range.

Of the 41 survey participants, 13 identified as a 'Social Worker' but operated with varied titles including mental health worker, sexuality therapist, case manager, service user advocate, sexuality educator, sexual health counselor, and private practitioner. The 16 social work respondents reported on sexual health/wellness experience in the following year ranges: three in the 1–2, two in the 3–4, one in the 5–7, three in the 8–10, two in the 11–20, and five in the 20+ range. Interestingly, five participants reported working in sexual health their entire social work careers.

Focus group: social workers

Seven survey participants, all women, consented to participate in the two focus groups (Table 1). Focus groups were hosted via an online meeting portal lasting approximately 1.5 h. A deep dive discussion ensued around social work student placement possibilities and needed core sexuality competencies that they could ideally bring to the practicum site. To protect anonymity, organizational names have been removed and participant names have been changed to pseudonyms.

Table 1. Focus group participant demographics ($n = 7$).

Pseudonym	Group No.	Social Work Graduation Year	Years Working in Sexual Health/ Wellness	Employer's Core Field of Practice 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	Not provided	Not provided	Not provided

Data collection

Data were collected in two phases following approval from the Western Sydney University Human Research Ethics Committee (approval no. H13903). Phase One involved purposively sampling sexual health/wellness services in the Greater Sydney Metropolitan area. A qualtrics survey, which concluded with an invitation to participate in a focus group, was emailed to 50 service providers seeking information about the types of services provided and the knowledge, skills, and understandings required for this work. Participants were asked to rate a list across sexuality knowledge or skill for social work: (1) general practice (see Table 2) and (2) social workers in sexual health agencies (see Table 3). Additionally, participants answered survey questions on a Likert scale and open-ended fill-in-blank questions that were followed up in the focus group for more discussion (Table 4).

Survey respondents who were interested in participating in Phase Two were asked to indicate their interest by providing contact details via a separate Qualtrics link. Phase Two involved two focus groups to gather in-depth information about the skills and knowledge needed to work in this area. Phase One survey questions were revisited to prompt focus group discussion.

Analysis

Qualtrics reports were generated for the survey data and descriptively analyzed. Focus group discussions were transcribed. Initially, the de-identified transcripts were reviewed by all coauthors to develop an overall awareness of the data and identify key insights. Phase one involved investigator one engaging a line-by-line coding method, generating initial codes (Braun & Clarke, 2012) and developing a code book with preliminary

Table 2. Sexuality knowledge and skills for social work practice.

General Sexuality Skills	No. of Participants
Being askable or approachable by service-users to discuss issues relating to sexual health and wellbeing	14
Ability to sugges/direct a service-user to sexual health/sexuality education community resources	10
Personal awareness of own values, belief systems, biases	10
Ability to take a service-user sexuality history	7
Ability to advocate for sexual health/wellness issues within hospital settings and other health care teams	7
Ability to engage in permission giving/normalizing of sexuality	7
Practice skills to address sexual trauma, rape, sexual violence, sexual exploitation, sexual abuse, sexual harassment, and sexual assault	7
Knowledge of LGBTQIA+ service-user history & clinical issues	5
Understanding of socio-cultural, familial factors, religious/faith factors associated with service-user sexuality	5
Ability to discuss sexual responsibility	4
Ability to discuss gender roles/norms	4
Ability to advocate around sexuality/reproductive health	3
Knowledge of developmental sexuality/sex across the lifespan	3
A practice approach that is inclusive beyond penial/vaginal penetration intercourse	2
Ability to teach sexuality consent	2
Knowledge of issues relating to gender identity	2
Knowledge of sexual and reproductive anatomy/physiology	2
Ability to discuss religious sexual values	1

Table 3. Knowledge and skills for social workers in sexual health/wellness agencies.

Core Sexuality Competencies	No. of Participants
Skill – emotional intimacy, navigating closeness, interpersonal relationship-building	12
Skill – discuss sexuality	11
Skill—sexuality education	9
Knowledge and skills – intersection mental Illness	9
Skill – explore sexual values	8
Knowledge – sexuality ethics	8
Knowledge and skills – intersection disability	7
Skill – family of origin	6
Ability to work with a service-user engaged in non-consensual sexual activity	6
Knowledge – intersection sex-drug linked behaviors	6
Knowledge – sexual dysfunction	6
Knowledge – WHO definition sexual health	6
Knowledge – contraception use	5
Knowledg and Skill – sex workers	4
Knowledge – sexuality theory	4
Knowledge – intersection chronic illness	4
Skills – sexuality research	2
Skill – pleasure enhancement skills	2
Skills – discuss infidelity	2
Skills – discuss sex between men	1
Skills – discuss heterosexual sex	1
Skills – discuss polyamory/hooking-up	1
Knowledge and skills – bondage, discipline, dominance and sadomasochism (BDSM)	1
Knowledge – sex addiction	1
Knowledge – history of sexuality field	1
Knowledge – sexual functioning	1
Knowledge – medication sexual side effects	1

Table 4. Sample of survey questions.

Likert-Scale Questions
1. My social work education prepared me to work with service user sexual health and wellbeing
2. Was your human sexuality course required/elective?
3. Did your social work education include a dedicated unit/course around sexual trauma/sexual abuse?
4. Within conversations around social justice my social work education prepared me for *sexual* justice
Qualitative questions
5. Why did you go into sexual health social work?
6. Do you think other social workers see sexual health and wellbeing as a part of social work
7. How should Schools of Social Work address issues of human sexuality?
8. What sexuality resources do you utilize with your clients?

inductively identified themes, definitions, and supporting quotes on their potential meanings (Birks et al., 2008). In the second phase, the code book was passed to the other authors for review and analysis. To ensure consistency, the authors discussed the labels, codes, and meanings. This iterative and reflexive process allowed for examining the transcripts again and organizing the data. A third phase included an online meeting to discuss these key insights and develop final themes through a detailed thematic analysis (Clarke et al., 2015).

Findings

In this article, we explore what social workers practicing in the field of sexual health/wellness consider to be principal sexuality knowledge and skills for students entering sexual health/

wellness practice setting as well as best practice approaches for all social workers in practice. Further, participants identify advanced knowledge and skills for social workers in sexual health/wellness settings. Three overarching themes were identified: (1) sexuality is part of holistic social work practice, (2) general sexuality skills which include 'being askable'; the ability to make referrals to sexuality-specific services; awareness of personal values, and (3) core competencies required for social workers in sexual health/wellness settings, including teaching emotional intimacy skills, openness to discuss sexual activities, and intersectionality. These themes are illuminated with excerpts from participants' narratives that follow.

Sexuality is part of holistic social work practice

One of the key themes that emerged from both the survey and focus groups was the need for all social workers to have basic sexuality knowledge and skills; Pauline offered it's

> everybody's business . . . and so we all need to have at least on our radar that this person is a sexual person and so it's how we go through the world seeing the clients. We're seeing somebody who's a whole person with physical needs, sexual needs, spiritual needs.

Further, Pauline highlighted sexuality as part of social work, regardless of the practice methods or field of practice or practice, social workers needed to be prepared for this work, and open to learning.

Participants acknowledged that sexuality can be a challenging topic for students; moreover, most social workers are ill-prepared by their qualifying programs, and personal values can influence practitioners' levels of comfort. Notwithstanding these challenges and limitations, Carol encouraged social workers to integrate sexuality into their practice as part of holistic assessment:

> You learn how to ask these things and it's like working your way through a psychosocial assessment . . . and that also includes understanding what's happening for someone sexually . . . We know after stroke people have trouble with their sexual function, is this an issue for you, if it is would you like to talk to me about it, or if not me then somebody else?

General sexuality skills

Social workers who participated in the survey were asked to select, from three sets of pool statements, the two most important sexuality competencies around knowledge, skills, and awareness relating to sexuality and social work practice for *all* social workers, regardless of their practice method or field of practice. The top three knowledge and skills identified were 'being askable,' the ability to make referrals to sexuality-specific services, and awareness of personal values (Table 2).

Being 'askable'

Being 'askable' was seen as a central social work skill of communication that is applicable across 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.

Katrina emphasized the fact that a regular part of social work practice is asking personal and sensitive questions in the context of a professional relationship:

> How many of you feel like you can have a conversation about child protection? About domestic violence? About end-of-life? What about sexuality? "The communication skills are exactly the same, there's nothing different about it. . . . 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.

Sexuality-specific referrals

Social workers rated the 'Ability to direct a service-user to sexual health/sexuality education community resources' as the equal second most important knowledge or skill. While all social workers need to 'be askable' and sexuality needs to be incorporated in all fields of practice, participants emphasized the importance of knowing when to refer service-users on to sexuality-specific services. Some examples provided by participants included sexual assault counseling and sexual and reproductive health services. Priscilla shared:

> But I think we should all know how to do an assessment that includes sexuality, so that if a client needs some extra help we can then direct them and refer them on, just like if you were working in a women's health clinic, and one of your clients was in serious difficulty in terms of domestic violence, you might not be their specialist DV worker, but you'd know enough about it to know where to refer them.

Personal values awareness

Social workers rated 'Personal awareness of their own values, belief systems, biases' as equal second in the most important knowledge or skill for practice. Participants highlighted the importance of critical reflexivity when working with individuals and communities on issues relating to sexuality, the need to 'reflect on your own values around gender, sexual orientation, culture, religion and family of origin' (Carol). While this 'work' was acknowledged as challenging and possibly uncomfortable, it was seen as critical by Priscilla who added:

> I think actually you've got to do that self-awareness work to do this work and some people don't want to do that . . . I think if you're in the field of social work, you can't decide, I'm not going to ever deal with any of that or discuss anything about that because it goes against my personal beliefs.

Core sexuality competencies

Social workers were also asked in the survey to select from four sets of pool statements, the two most important competencies, knowledge, skills, and awareness relating to social work practice 'in sexual health/wellness settings' needed in particular by field education placement students. The top four rankings were 'Ability to teach service-users emotional intimacy skills,' 'Openness to discuss various sexual activities,' and 'Knowledge and Skills around sexuality and mental Illness' (Table 3).

Emotional intimacy

Twelve of the social workers considered the 'Ability to teach service-users emotional intimacy skills, navigating closeness, interpersonal relationship building' as the most important skill for sexual health social work. Key to this work, as Priscilla put it, was supporting

> people reconnect with the fullness of themselves, to be who they want to be or who they find themselves being, and supporting people to come into that fullness is not just about what you do with your bits.

Priscilla told us:

> The other bit of my work is with people who've experienced trauma of course, and going with clients into their dark spaces, and helping them to reclaim their body as their own, taking it out of the hands of the perpetrator who abused them and reclaiming their body, reclaiming – not only their physical body, but their identity, their pleasure, their connection to their sexual self, finding a way out of the trauma towards kindness and gentleness and fun and pleasure, and away from shame, and away from life restricting views of themselves that can really cause terrible disruption to people's wellbeing and their mental health.

Openness

A basic skill for sexual heath/wellness social workers is the ability to discuss various sexual activities, to have knowledge of diverse sexual behaviors, and to incorporate sexuality into holistic assessment practices. Carol cautioned social workers against making assumptions about service-user's knowledge of sexuality-related issues, this included awareness of, and the ability to provide education about, reproductive health and safe sex practices:

> And part of that is taking your history, where did you first learn about sex, what was your sex education like at school, particularly when you're working with a very diverse group of people. Some people that I see have never had any sexual health education, anything, and I'm doing stuff like she wants to give her husband oral sex, but is afraid of getting pregnant, and I'm trying to explain how the oesophagus and the stomach and the uterus don't meet.

Carol added:

> It was really just out of clinical need . . . I had a young couple in their early 20s or mid-20s who'd had this new injury [from a motor vehicle accident], and they'd come through the [Hospital] Spinal Unit . . . [a] four-month admission and not one person had spoken to them about sex and you go that's ridiculous . . . And I think when you are a passionately committed social worker you work with what's on your table, and erectile dysfunction was what was on the table, future fertility planning was what was on the table.

Intersectionality

Participants considered knowledge and skills around sexuality and mental illness as vital for sexual health/wellness social work practice. Priscilla considered social workers had a vital role in education and advocacy, ensuring mental health consumers had access to full information, including the impact of some medications on sexual function:

> It's core, and also if you're working with clients who are taking antidepressants . . . you need to know about the impact of their medication on their sexual function and you need to be able to tell them about it, because I can pretty much guarantee the GP will not have discussed it with them.

Discussion

The current study examined the competencies, knowledge, skills, and awareness (KSA) (Silberman, 2007) needed by social work field education students in sexual health/wellness settings. This study expands the field education literature and uniquely adds to the current body of sexuality research by elucidating general skills that all social work students should possess to meet practice readiness, as well as core sexuality competencies needed for students wanting to practice in a sexual health/wellness setting. From a research standpoint, this paper is particularly important because it not only posits new field education possibilities and adds to the growing scholarship around sexual health/wellness social work but also details the need to enhance future social work curricula. Perhaps even more compelling, this paper outlines an innovative field education learning opportunity for social work students and a viable new and often untapped placement site option.

Overall, the first overarching theme, 'Sexuality is part of Holistic Social Work Practice,' is relevant for all social work education and practice. Specifically in the Australian context, it was almost 40 years ago that Roberts (1986) argued that to address a 'conspiracy of silence' … social work needs special courses on human sexuality in professional schools in this country (p. 17). And, while some social work students are interested in providing advanced sexuality-informed interventions by becoming sex therapists (Turner, 2021a), all social work students should be equipped to utilize a sexually informed practice approach based in the strengths perspective (Turner, 2020). Pauline summarized this, echoing a social work hallmark approach of seeing a person served as 'a whole person' and this includes their sexual needs.

Equally undeniable are the findings in the second theme, 'General Sexuality Skills,' reaffirming Turner and Pelts (2022) sentiment that 'being knowledgeable, skilled and comfortable around sexuality is [social work] best practice' (p. 886). And while some may argue that sexuality is private and potentially embarrassing for service users, we counter that the routine practice of social workers often involves deeply personal, challenging, and invasive conversations – domestic violence, suicidality, housing insecurity – topics demanding a basic practice acumen by all social workers. Participants illuminated a collection of skills that all social workers should master regarding sexuality including three key subthemes: Being Askable, Sexuality-specific Referrals, and Personal Values Awareness.

Subtheme one, Being Askable, was defined by Katrina as 'permission and create a safe space and rapport and trust and privacy to have a discussion.' As Turner (2020) noted, being askable, 'provides [a social worker] tools to more holistically see [their] clients' (p. 309). Research has linked being askable prior sexuality education to make the case that field education opportunities in sexual health and/or wellness may support student askability (Herbenick & Reece, 2009). While it may be assumed that 'askability' provides opportunities for expanded conversations about sexuality, according to Herbenick and Reece (2009), it could also mean sharing of knowledge, ability to make referrals, or offering reassurance/comfort.

Subtheme two, 'Sexuality-specific Referrals' is notable in that making referrals is a staple of good social work practice. Being informed about community health and social

services is, again, not unique to service-users' sexuality. Sexuality-specific referrals might include knowing about accessible sex-on-premise clubs, familiarity with physical therapists in the area who specialize in pelvic floor work or knowing which adult sexuality stores are located near public transport.

The third subtheme, 'Personal values awareness' is crucial to sexual health social work and sits squarely within social work education which calls for students to be aware of, and reflect on, their personal biases. Therefore, social work education must provide for opportunities for emerging social workers to not only become aware of their sexuality bias and challenge these biases but, according to Schaub et al. (2017), explicitly 'locate their own selves and identities within available discourses on human sexuality' (p. 2) and make a plan to professionally balance their personal beliefs with addressing their service-user's sexual health and/or wellness needs. Pricilla astutely encapsulated this sentiment, noting social workers do not have the luxury of deciding that they will only deal with parts of person served or retreat from topics 'because it goes against my personal beliefs.'

The theme: 'Core Sexuality Competencies' included three subthemes: 'Emotional intimacy,' 'Openness to sexuality discussions' and 'Intersectionality.' These advanced skills were identified by participants as preparing a person to work specifically in sexual health/wellness. Subtheme One, 'Emotional intimacy' has been described by Dailey (1981) as a willingness to be known, vulnerability and taking risks. Emotional intimacy is part of Dennis Dailey's Circles of Sexuality. Turner (2020) notes, '[emotional intimacy] underscores a valuable services-user asset., the sense of closeness [they] can achieve with friendships, family members and romantic partners . . . Using emotional intimacy to locate client success for sustainable healthy and fruitful relationships is a valuable social work tool' (p. 312).

Subtheme two, 'Openness to sexuality discussions,' is incisively defined by Carol as 'work[ing] with whats on your table' further observing sometimes a service user's sexual health is on the social work practice table. It is important to foreground that social workers do not need to be an expert in sexuality issues. Openness can mean that everyday sexuality emerges in a range of social work field placement contexts. Lavie-Ajayi (2022) argues that ' . . . sexuality unfolds as a rich site for engaging with the questions of identity, values, and desires; it also affords the opportunity to explore positive and negative relationships, memories, and aspirations for the future' (p. 5). An openness implies that students should be confronted with their own comfort levels.

Subtheme three, Sexuality Intersectionality, creates space for social work educators to engage in crucial educational conversations. Social workers at both BSW and MSW levels frequently work with populations who are impacted by issues related to sexuality, especially vulnerable populations (Dodd & Tolman, 2017; Satterly & Ingersoll, 2020; Turner, 2021b; Turner & Crane, 2016). For example, Souleymanov et al. (2021) argue that social workers and programs working with gay and bisexual men must center issues, such as condomless sex and substance use without further stigmatizing this group in an effort to enhance access and use of health services. Thus, it is imperative for social work educators to incorporate these types of real-life intersectionality into their lectures, activities, classroom discussions and assessments.

Limitations

A small sample primarily from metropolitan Sydney, limits the generalizability of this study; thus, results should not be generalized to all social workers, or even all social workers practicing in sexual health/wellness contexts. Despite these limitations, our findings have implications for social work curriculum development and social work accrediting bodies.

Implications for social work education, practice, and research

Social work educators and education programs must be responsive to redesigning social work curricula to emphasize sexual health/wellness within social work skills. In order for social work education to make space for helping students be sexuality-informed, social work educators must be prepared to address this potentially taboo content throughout the curricula learning spaces. Scholars have suggested teaching tools such as podcasts to augment educators 'unfamiliar, unskilled, and potentially uncomfortable with sexual wellness' (Turner & Joseph, 2023, p. 02). Further, social work educators, particularly those teaching practice skills should consider how they model and teach emotional intimacy (Turner, 2020), an identified core competency. Mason et al. (2022) argue that 'firmly embedding critical content and learning activities on sexualities may help to safely begin reflective discussions about the implications of personal values about sexuality in social work' (p. 80). Further, Mark et al. (2021) suggest that comprehensive sex education has the potential to impact six outcomes – outcomes that fit perfectly within social work values and scope of practice: 1. traditional risk-reduction, 2. cultivating healthy relationships, 3. celebration of sexual diversity, 4. exercise of sexual rights, 5. empowerment and consent, and 6. prevention of gender-based sexual violence. We also encourage educators to consider the intersectional nature of sexuality, especially as they discuss other common social work topics, such as racism, ableism, ageism, misogyny, and homophobia. Further, explicitly incorporating skill-building activities, such as sexual health assessment live role plays or simulations offers students the needed communication practice to help meet service-users' needs.

Introducing a sexually informed practice lens in social work curricula will provide future social workers with skills to have conversations with service-users about sexual health/wellness. Considering sexuality-focused field education placement sites is a first step toward expanding social work curricula ability to ensure that students are practice-ready. We strongly contend that all social workers need to be askable regarding sexual health/wellness in their practice with service users, as well as informed of available sexuality community resources and referrals. Perhaps more importantly, practitioners should consider their own values and beliefs and how those position them as social workers with a sexuality-informed practice approach. However, it is equally important to highlight that this practice skill extends into the realm of *sexual justice* whereby social workers are also capable of countering a global sex negative campaign that jeopardizes 'accessible sexual health care [and] sexuality agency for marginalized and underserved communities' (Turner, 2024, p. 11).

Importantly, research which helps illuminate how social work field placements can support sexual health/wellness and a sexuality-informed practice lens, will help in building an understanding of best practice social work in sexual health/wellness contexts. We suggest that a training curriculum, specifically focused on preparing students for integrating a sexuality-informed practice lens, may ensure students acquire uniform knowledge and skills until more standardized social work curricula is implemented.

Conclusion

Human sexuality is an intricate part of peoples' lives. It is often a source of strength, but it may also include a history of shame, grief, trauma, and pain. It is therefore critical for a social worker to be able to navigate this often taboo, rich, and powerful space with service-users to engage in meaning-making and facilitate healing – at all levels of practice: micro to macro. Sexual health/wellness field placements can provide much needed student learning around a sexually informed practice approach – an approach that encompasses core sexuality competencies, such as being askable, making sexuality-specific referrals, awareness of personal sexuality values/beliefs, capacity to engage, model and teach emotional intimacy, and finally insight regarding the intersectional nature of sexuality.

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Data availability statement

The datasets generated and/or analyzed during the current study are not publicly available due to the necessity to ensure participant confidentiality policies and laws of the country. Still, they are available from the corresponding author upon reasonable request.

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