

The Circles of Sexuality: Promoting a Strengths-based Model Within Social Work that Provides a Holistic Framework for Client Sexual Well-being

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Social workers who work from a strengths-based perspective take advantage of a client's innate capacity to rebound and recover. It is this person-centered practice approach that guides social workers to see their role as helping clients discover their own internal gifts and graces (Saleebey, 1992) potential, hopes, and dreams (Kisthardt, 1997; Saleebey, 1997). Since the emergence in 1982 from the University of Kansas, the strengths perspective has proven practice applications for a range of issues including spirituality (Canda & Furman 2010); substance use (Siegel et al., 1995), domestic violence (Bell, 2003), and mental health assessments (Francis, 2014) as well as with diverse populations such as children (Mendenhall, Grube & Jung, 2019); the elderly (Chapin & Cox, 2001), Muslims (Abdullah, 2015), partner violence victims (Song & Shih, 2010), and offenders (Lee, Uken, & Sebold, 2004). And while scholarship has looked at applications for the lesbian and gay community (Crisp & McCave, 2007; Dentato, Orwat, Spira & Walker, 2014; Craig, Dentato, & Iacovino, 2015; Craig & Furman, 2018), with the exception of a few scholars (Turner, 2012; 2016a; 2016b), not much research has discussed the intersection of the strength's perspective and a holistic or general understanding of client sexual well-being.

The strengths perspective perfectly positions social workers to be sexual health/well-being practitioners, researchers and educators. As a profession based on human relationships, social workers are likely to encounter sexuality-related issues in a variety of practice settings (Speziale, 1997). Furthermore, social workers operate from a biopsychosocial lens when looking at dimensions of human functioning and

“value the importance of human relationships” (CSWE, 2015, p.8). Sexual relationships must be acknowledged as part of this mandate and explicitly expanding the social work biopsychosocial lens to a more inclusive biopsychosociosexual lens would help center this vital aspect of client life, sexual well-being, within the social work profession.

Research (Prior, Williams, Zavala, & Milford, 2016) suggests human sexuality is not adequately presented in most HBSE textbooks. Also, others (Bay-Cheng, 2010; Gezinski, 2009; Swank & Raiz, 2010) have noted a lack of social work clinical skills to address client sexuality. This gap in social work skills is problematic, negatively impacting social worker’s ability to provide comprehensive, accessible, medically accurate, shame-free, inclusive and pleasure affirming, sex-positive informed client services. This begs the question, how can the social work profession “the largest and most important social service profession in the United States” (Whitaker, Weismiller, & Clark, 2006, p. 9) move towards becoming a more sexually literate profession? The answer may be in highlighting the alignment with a hallmark of the social work profession, the strengths perspective.

This chapter is an attempt to bridge this fissure within social work by putting forward the proposition that the strengths perspective provides a framework for social workers to more fully embrace human sexuality. The chapter will first situate sexuality and the strengths perspective by reviewing the legacy of Dr. Dennis Dailey, KU Professor Emeritus, followed by a definition of sexuality. The next segment identifies how sexuality is problematized by society and social work. A discussion is subsequently presented on why client sexuality is paramount to social work. Then the chapter explores a view of client sexuality through the strengths perspective model: The Circles of Sexuality. Finally, an examination of areas of development and possible future direction is provided. The goal of this chapter is to promote, enhance, and ground sexual well-being within social work.

THE UNIVERSITY OF KANSAS AND THE LEGACY OF DR. DENNIS DAILEY

Dr. Dennis Dailey, professor emeritus, joined the University of Kansas School of Social Welfare faculty in 1969 and taught courses on human sexuality until his retirement in 2005. Dailey viewed human sexuality through a strength’s perspective lens as highlighted in his Circles of Sexuality model (Dailey, 1981). He demonstrated this approach to his students through a popular course, Human Sexuality in Everyday Life, stating the class is designed to help his students end up in healthy relationships. He would often bemoan, “Using romance novels from Dillons as your guide to a successful relationship is not exactly your best shot, but a lot of people do,” (Laessig, 2009, parra 5). Dennis recognized the deep need students have for understanding human sexuality and he was not afraid to teach from a place of vulnerability, honesty and frankness. He also educated countless MSW students, teaching Practice and an elective on Sexual Misuse. His classes were deeply raw often mirroring his clinical ap-

titude for bringing people to difficult conversations and nurturing them as they travelled along challenging and often taboo conversations around emotional intimacy, sexual trauma, shame, and loneliness. However, Dailey's approach drastically veered from the typical pathology view of human sexuality within health professions, including social work. He practiced a strengths-based approach exhibited by his daring acknowledgment of pleasure, diversity and the human capacity for positive sexuality. This simple, yet pioneering idea, that client sexuality is an asset provided a framework for clinical social workers to see human sexuality from a strength's perspective. Additionally, for students it invoked a novel concept- our sexuality is good! For some, this was the first time human sexuality had been discussed as a positive, a strength. Dailey impacted generations of students to become sexually healthier and countless social workers to practice from a sexually literate, sex-positive, strengths approach. Dailey's fans adored him; however, his style - often confronting, deeply intimate, and animated was not always well-received by all. He is an uncompromising educator, fierce sexuality advocate and a gifted therapist. Every social worker has a hero, someone they strive to emulate. Dennis is that social worker for me. He was my teacher, clinical supervisor, and mentor. He groomed me to be the social worker I am today - to practice from a genuinely curious space, to be able to sit in the uncomfortableness of a client's story and to honor a client's strength to do difficult work.

HISTORY OF SEXUALITY AND SOCIAL WORK

Gochros in 1974 recognized a deficit in our social work pedagogy around sexuality training and not much has changed. A comprehensive history of social work education addressing human sexuality is presented by McCave, Shepherd & Ramseyer-Winter (2014). These authors present a content analysis specifically on textbooks, journals, and conferences. At the time of their publication, they noted that there was not a social work textbook addressing sexuality; however, the text *Sexuality concepts for social workers* (Ingersoll & Satterly, 2020) is now an option.

In addition to my own work looking at sexuality and social work in a variety of domains including sexual justice, (Turner, Vernacchio & Satterly, 2018), microaggressions experienced by Queer academics (Turner, Pelts & Thompson, 2018), sexual voice for people with intellectual disabilities, (Turner & Crane, 2016a); and sexual pleasure and adults with intellectual disabilities (Turner, & Crane, 2016b), there has been a growing renaissance of other social work scholars highlighting this connection (Kattari, Atteberry-Ash, Kinney, Walls, & Kattari, 2019; Brandon-Friedman, 2019; Dodd & Tolman, 2017; Lee, Fenge, & Collins, 2017; Schaub, Willis, Dunk-West, 2017). This is significant in light of social work students reporting a sense of being inadequately prepared on the topic of client sexuality (Laverman & Skiba, 2012; Logie, Bogo, & Katz, 2015; Newman, Bogo, & Daley, 2009). Given that the Council of Social Work Education (CSWE, 2015) notes, "the purpose of the social work profession is to promote human and community well-being" (p. 5) this finding is troubling. Arguably, social workers not prepared to address client sexuality will fall short of fulfilling this purpose.

DEFINING SEXUALITY

For social workers to wade into this discussion, we should start by exploring how to define the term sexuality or more importantly, identify the default meaning used by the majority of social work clients. The term sex is seemingly ubiquitous, left to euphuisms and colloquial rules. However, for many, including social workers, sex means one thing - penetrative intercourse, specifically penile vaginal intercourse (Schroeder, 2009). As social workers, if we are to strive to be sexual health advocates, we must expand the profession's understanding of human sexuality beyond the pedestrian intercourse-centric focus which often privileges a heterosexual, penis-vagina view. The term sexuality was defined by the National Guidelines Task Force (2004) of the Sexuality Information and Education Council of the United States (SIECUS) as being "a natural part of being human; [it] is multifaceted, having biological, social, psychological, spiritual, ethical, and cultural dimensions" (p. 51). Thus, social workers, often a part of a client's health care teams, should advocate for the sexual health of those clients. And, in order to do that social workers must be fully informed about human sexuality. To that end operationalizing sexuality would benefit social work. According to the World Association for Sexual Health's (WAS) Declaration of Sexual Rights (WAS, 2014):

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. While sexuality can include all these dimensions, not all of them are always experienced or expressed (WAS, 2014, p. 1).

THE DISEASE, DISASTER AND DYSFUNCTION OF HUMAN SEXUALITY

The sexuality discourse is laden with an oppressive cloud of shame, myth, judgement, and negativity. US culture founded on puritanical underpinnings of sexual fear, ignorance, censure, and condemnation is steeped in erotophobia. You see this in our antagonist relationship with sexuality through phrases of disgust, danger or opposition (Real Reason, 2008a, 2008b). Allied health fields, including social work, reinforce this sex-negativity with a pathology focus on the three Ds: disease, disaster, and dysfunction, (McGee, 2003) which may be even more prevalent in discussions involving marginalized communities and sexuality. Despite embracing a strengths perspective in most areas of practice, a deficit medical model still grips many social workers' views on sexuality. Have schools of social work normalized a societal view of sex-negativity with their lack of attention to client sexuality? Sadly, many programs core curricula are not inclusive of courses or lectures on sexual orientation, sexual development, sexual identities or sexual activity (McCave, Shephard, Winter, 2014). And even though many social workers work directly in

practice areas of sexual abuse, trauma and violence, some might argue that many social workers are not well prepared to address these issues let alone other client concerns such as sexual dysfunction, infidelity, infertility, or sex education. And, how often do social workers as part of our advocacy work engage in conversation around sexual pleasure?

WHY A STRENGTHS-BASED VIEW OF CLIENT SEXUALITY IS PARAMOUNT TO SOCIAL WORK

Research has discussed that sexuality is crucial to a client's identity and well-being (Bancroft, 2009). Yet, in a study by Marwick (1999) despite 85% of patients stating they wanted to discuss sexuality with their physician, they were dissatisfied with their primary care provider's attempt to discuss sexual functioning (Metz & Seifert, 1990). Further, in a study by Sobecki, Curlin, Rasinski, & Lindau (2012) of OBGYNs only 40% routinely asked about sexual problems. Fewer asked about sexual satisfaction (28.5%), sexual orientation /identity (27.7%), or pleasure with sexual activity (13.8%). Most shockingly, was that a quarter of ob/gyns reported they had expressed disapproval of patients' sexual practices.

So, if physicians are not available to discuss client sexuality or address it from a supportive and affirming (strengths-based) stance, who is available? I propose that this is a perfect fit for social workers. We can discuss sexual concerns, offer resources and referrals to specialized providers, support client choice, and honor client self-determination in their fulfillment of who they are as a sexual citizen. Further to this point, social workers are trained to explore sensitive topics (Bywaters & Ungar, 2010), have advanced interpersonal skills, and utilize a strengths-perspective to counter a pathology focused view of clients. These attributes perfectly position us as "sexual well-being enablers" (Lee, Fenge, and Collins, 2017, p. 10).

Simply, sexuality is a social work issue because it is a human issue. For example, our work as social workers may include sexual well-being topics such as: a) helping youth navigate dating anxiety, build porn literacy, sift through the mountain of misinformation about sex on the internet; b) informing mental health clients about prescriptions and their impact on sexual function and desire; c) coaching parents on raising lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirit (LGBTQIA2S+) youth, d) identifying sex toys that make sex accessible for clients with chronic pain or a disability, e) brainstorming less painful sexual positions for aging clients, f) supporting veterans with missing limbs or altered appearances to grieve the loss of a sexual self-image, and g) working with religious clients to heal from sexual guilt or shame messages. The point is if you are a social worker being sexually literate and "askable" provides you tools to more holistically see your clients. As Chipouras, Cornelius, Daniels, & Makas, (1979) offer, "People do not express their maleness or femaleness only in the bedroom. Sexuality is a part of all the activities in which a person engages; work, socialization, decoration of one's home, expressing affection. Sexuality, then, is an expression of one's personality and is evident in

everyday actions” (p. 16). Yet, most social workers are often unprepared, unwilling, and unable to discuss client sexuality.

Preparing social workers to see client sexuality within a strength’s perspective might be a reasonable start for social workers. A strengths perspective acknowledges that our clients bring their sexuality with them as they do their ethnicity, spirituality, values and beliefs. It celebrates the full capacity of our clients as “an inherent, essential, and beneficial dimension of being human” (American Association of Sexuality Educators, Counselors, and Therapists, AASECT, section Vision of Sexual Health, para. 3).

It can be argued that the umbrella of human sexuality is a significant part of client life; thus, it is imperative for all social workers to be well equipped to address sexual health with clients in order to help eliminate sexual health disparities. The realization that social workers do encounter client sexual concerns is not new in the literature (Blinder, 1985; Dailey, 1981; Gochros, 1985), nor the fact that clients often see the social worker as an authority on human behavior (Glasgow, 1981). Yet, despite a solid argument for social workers to be more sexually literate, the profession has a poor track record explicitly embracing human sexuality.

Often social workers liaise between health care providers and client service organizations. Additionally, they often spend considerably more time with clients than general medical providers. This often facilitates relationships that are in tune with multiple layers of client life, intimate, and able to explore difficult conversations. The case for social workers filling this health care gap is further made by patients reporting physicians do poorly in several primary clinical areas necessary for sexual health care such as lack of empathy, overly judgmental responses, lack of cultural sensitivity, obvious discomfort, and worry around privacy protection (Marwick, 1999; Sadovsky & Nausbaum, 2006). These are areas where social workers typically have exceptional training and skills. Strengths-based training allows social workers to embrace client sexuality and incorporate it within our work.

CLIENT SEXUALITY VIEWED THROUGH A STRENGTHS PERSPECTIVE

The strengths perspective has been a counter-narrative to the typical medical model with social workers recognizing the toxicity of a deficit lens when viewing clients, families and communities. With their focus on client strengths, social workers are positioned to welcome a client’s sexual life into the work. A strengths perspective sexual health ally should actively collaborate with clients, focusing on a client’s own assets, resources, and abilities (Rothman, 1994; Weick, 1983; Weick & Pope, 1988).

Further, social workers trained in the strengths perspective can utilize other components of the strengths model including: (a) self-determination by supporting a women with her reproductive choices, (b) access by ensuring a client who is dis-

abled has trained care workers who will provide transportation to an adult toy store; (c) looking beyond deficits by viewing the pleasure in sexual encounters not only the risks; (d) conscious raising by advocating for more sex positivity within agency policy and discourse; (e) client collaboration by working with inter-faith groups to create a sexuality education program for seniors in the community; (f) capacity building by discussing dating tips with a youth traversing the emotional roller coasters of relationships; (g) resilience by highlighting a couple's skills in past trauma to help them navigate the potential challenges of a lost pregnancy or infertility struggles; (h) systemic assets by co-identifying with a family their support systems such as political representation in their lobbying to expand service provision or lessen stigma around sex education in their school system; (i) and finally, hope by exploring a client's dreams regarding love, relationships, sexual intimacy and desire. Our training in the micro, mezzo and macro levels allows social workers to examine and explore the interactions of these systems within the client's life in relation to sexual well-being.

Using a person-centered approach prepares social workers to promote an environment of client choice that accepts sexual decisions made by clients that may differ from the social worker. A strengths perspective provides a platform to challenge the predominant societal sex-negative narrative. This includes tackling institutional bias against sexuality while advocating for comprehensive, accessible, medically accurate, shame-free, inclusive and pleasure affirming, sex-positive sex education and sexuality services that support all clients.

THE CIRCLES OF SEXUALITY: A STRENGTHS-BASED SEX-POSITIVE APPROACH

Dennis Dailey's (1981) Circles of Sexuality (see figure 1) offers five distinct areas (Sensuality, Intimacy, Identity, Reproduction, and Sexualization) and provides a holistic, multi-layered, strengths-based perspective in which social workers can view sexuality. A sixth circle, Values, Feelings and Attitudes considers how and where our beliefs are impacted. Grounding my work in this model has provided a lens to see clients – to see all of them, the sexual innateness that they bring into our work. It allows me to walk confidently alongside my clients in their review of who they are as a sexual being. It allows me to create space for and to celebrate this part of my client's life. I welcome it into the room and honor its significance by incorporating it into my work with the client. I bring an appreciation of pleasure (a strength) to conversations with clients and do not shy away from these topics. Utilizing the Circles of Sexuality model has provided me a valuable tool to do my work, a clinical framework to explore the crucial area of client sexuality and provides several distinct advantages.

First, it gives social workers a platform to expand the popular societal discourse beyond the typical intercourse centric view, which I might add is almost always heterosexual and vaginal penetration focused. The Circle of Sensuality focuses on pleasure, touch, and physical feelings. It acknowledges, "the psychological and physiological

enjoyment of one's own body and often, a partner, including but not limited to the genitals; and the tension release of orgasm" (Dailey, 1981, p. 316). It includes valuable talking points within social work such as pleasure, skin hunger, fantasy, body image, and attraction templates. These have significant practice implications.

The second advantage is that it introduces and validates the importance of emotional intimacy. For social workers, this underscores a valuable client asset., the sense of closeness clients can achieve with friendships, family members and romantic partners. The Circle of Intimacy, frames emotional connections with others through vulnerability, risk-taking and the willingness to be known. Using emotional intimacy to locate client success for sustainable healthy and fruitful relationships is a valuable social work tool.

The third advantage with the Circles of Sexuality is that clients can explore aspects such as sexual orientation, gender roles, gender identity and biological gender and be supported by a comprehensive model of sexuality. The Circle of Sexual Identity is a person's understanding of who they are sexually including a sense of maleness and femaleness. This is crucial in social worker's support of gender fluid and gender non-conforming individuals as well as our work around social justice issues. For example, it provides a platform for social workers, to confront gender role myths that men are always interested in sex or counter slut-shaming narratives for women who enjoy sex or pursue multiple partners. Many social workers do this type of sexual justice work (Turner, Vernacchio & Satterly, 2018) and recognizing that they are using a strengths perspective model allows them to situate their practice within social work which may have seemed to them or others to be outside the scope of practice of social work.

A fourth advantage with the Circle model, while it discusses reproduction, it doesn't solely focus on what Dailey called, 'the blue-light special' which is a nod to, once-popular retail store, Kmart's attempt at creating a sale frenzy for bargain shoppers. For many, if there is any formal sex education it is most likely here, the Circle of Reproduction and Sexual Health. Many sex ed programs, including those in public high schools where the majority of sex ed takes place focuses on reproduction (specifically pregnancy avoidance) and perhaps STI and safer sex. Important topics for clients, but not the only aspects of human sexuality that are critical for client well-being. Clients can often become myopic in their view only seeing their sexuality through this one lens, which often has historically been based in fear-based tactics steeped in shame. Social workers who can expand a cultural narrative that only sees a person as sexual, who is of reproductive age, addressing dating and sexuality concerns with youth and older clients. This is not to say that social workers should ignore safer sex talks. We especially need to be more proactive in educating populations including social work students with public health campaign messaging such as "undetectable = untransmittable"¹. Additionally, we should lead grass-roots organizing for the replacement of remaining "abstinence-only" sex ed programs with comprehensible, accessible, medically accurate, shame-free, inclusive and affirming,

sex-positive sex education for our youth especially marginalized communities. Also, we should advocate for global policies that view sex education as a human right.

A fifth advantage is that Dailey's model illuminates how sex can be used to manipulate or influence others. The Circle of Sexualization acknowledges this prevailing often informal way of dealing with human sexuality and how it is woven into the fabric of many of our clients' lives. It is here where sexual rape, abuse and violence are located and ironically one of the few areas that social workers attempt to address. However, without a balanced understanding like the one provided with the Circles model, social workers can become very punitive and pathology focused when operating in this area. Within this circle, social workers can have healthy conversations with clients around flirting and the power inherent in sexuality. I once noted to a male client that he seemed to only interact with me in a highly charged sexual manner. His conversations were often laden with sexual innuendos as if we were at a gay bar. When I explored this with him it seemed that was how he approached most of his conversations with males, especially ones he felt threatened by or at a disadvantage with. He would use mean-spirited, sexually provocative language as a tool to throw the other person off or level the playing field. When I offered him the idea that we (two men) could have an emotionally intimate relationship (one that was not going to lead to physical intimacy) it was both a novel and welcomed albeit difficult concept.

A sixth advantage with Dailey's Circles model is that it allows an exploration of the familial, religious, cultural location a client has with their sexuality. This sixth, Attitudes, Values and Feelings Circle encapsulates all of the other circles. It prompts clients to consider where and how they were provided messages about sexuality that have influenced their beliefs. This circle challenges us to question the role of and messages received from individuals, family, cultural, identity, religious, professional, legal, intuitional, scientific, and political. It gives clients a space to question why they believe the things they believe. More importantly, it allows them to re-consider or re-write those rules that inform their sexuality. This is where social workers can dive deep into sexual shame and guilt, especially toxic messages of hate, shame, or fear a client may have received regarding topics like being LGBTQIA2S+, masturbation, terminating a pregnancy, not wanting children, and infidelity.

Finally, a seventh advantage is that a social worker can explore the weight or prevalence of each of these in a client's life. By introducing the idea that not everyone receives attention to all these circles or equal attention, a social worker can ask a client to physically draw each of the circles representing how each was covered or not covered in their sex education. A variation might be asking a client to draw the circles in how they currently are represented in their life. This was the exercise I used with the before mentioned gay male client and his Sexualization Circle was huge next to an almost non-existent Intimacy Circle. This visual cue can be a wonderful teaching tool providing clients a physical picture of how they currently operate within their sexuality. It can also be a way to operationalize for a client what balanced

sexuality looks like or discuss elements of positive sexuality. A social worker versed in strengths can use this in assessment and treatment phases to highlight client sexual resilience, sexual assets and sexual capacity building. For further discussion on the model see *Sexuality Concepts for Social Workers*, by Ingersol and Satterly (2019).

Circles of Sexuality

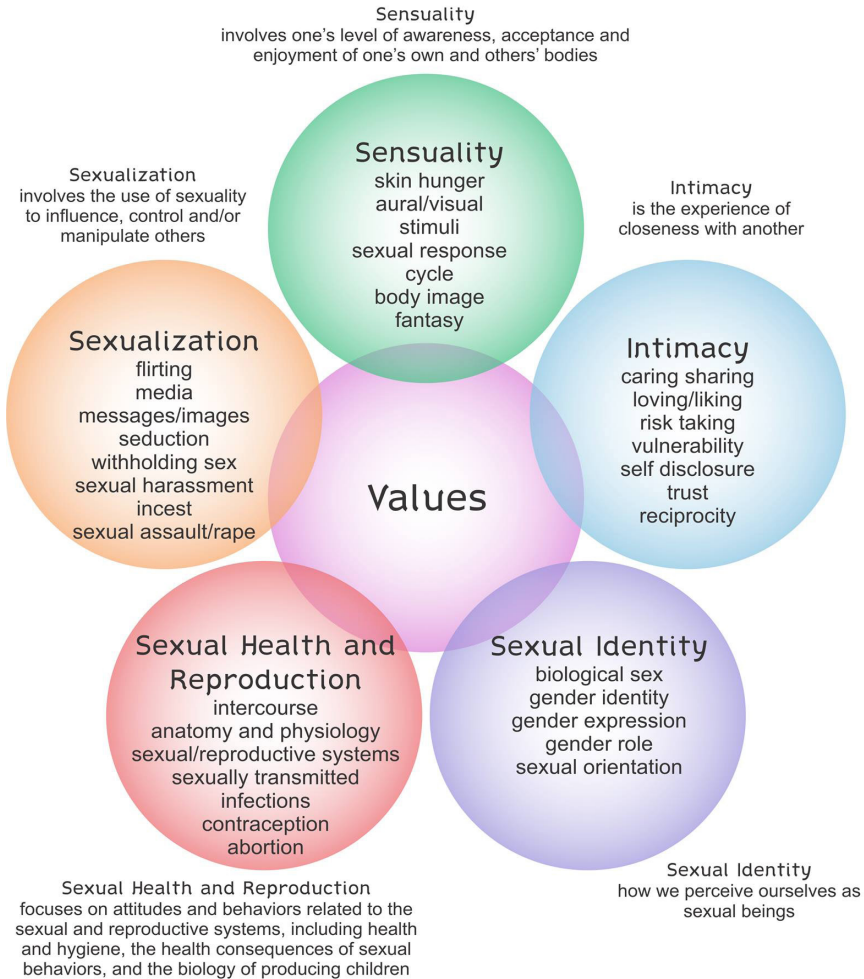


Figure 1: Circles of Sexuality

Areas of Development and Possible Future Direction

Image provided by the Unitarian Universalist Association and the United Church of Christ, adapted from *Life Planning Education*, 1995, Advocates for Youth, based on the original work of Dennis M. Dailey, professor emeritus, University of Kansas.

Saleebey (1996) warned that “one of the characteristics of being oppressed is having one’s stories buried under the forces of ignorance and stereotypes” (p. 301). The strengths model and specifically Dailey’s Circle of Sexuality provide a practice model for social workers to more fully and explicitly integrate client sexuality into our work. We can avoid the tendency to bury client sexuality by recognizing that the strengths model encourages social workers to center a client’s sexuality “to create an atmosphere in which people’s strengths can move out of the shadows and into the foreground” (Nichols and Schwartz, 1995, p. 447). If social work is going to adopt a professional stance that is less trepidation and more celebratory of client sexuality, I suggest five areas for social workers to incorporate in order to move toward becoming a sexual well-being enablers including: (1) Integrate a new view: sex positivity; (2) Embrace pleasure as part of the strengths model; (3) Move beyond gender and LGBTQIA2S+ = Sex; (4) Center sexuality training; (5) Position sexual justice within social justice.

A NEW VIEW: SEX POSITIVITY

The first recommendation is that social work should claim a bold new view- sex-positivity. We must move away from the hypocrisy of claiming to follow a strengths perspective but in matters associated with client sexuality overmedicalize it with “oppressive healthism” (Carter, Entwistle, McCaffery, & Ryschetnick, 2011). Only seeing client sexuality as a medical issue is but one trap that social workers can fall into. Another trap is the silence of ignoring or avoiding the topic altogether. Dailey (1981) proposes that inhibition leads to a “tyranny of silence [which]...produces a social milieu in which myth, distortion and bias abound” (p. 312). Social work should not be culpable in this sexual reticence; we tackle tough discussions and illuminate the shadows. Silencing sexuality within our professional discourse, training, and practice contributes to a culture of distorted sexuality, sexual shame, and sex-negativity. Dailey further notes that “highly ephemeral feeling states and widely varying behaviors do not represent a systemic conceptual picture of the richness of sexuality as a basic human function” (1981, p. 315).

It is not enough to believe that “sex is a positive thing” social workers should be “working towards a more positive relationship with sex” (Glickman, 2000, para. 7). To be clear, the fact that our society is inundated with sexual imagery and access to sex in more ways than ever does not mean that we live in a culture of sex-positivity. A family, for example, can frequently use sexual innuendos, tell sexual jokes and sexualize relationships, but still operate within a cloud of intense sex-negativity. Juxtaposed to sex negativity where sex is feared, viewed as risky and approached as something to be managed, sex positivity has been described by others (Williams, Thomas, Prior, and Walters; 2015; Donaghue, 2015; Glickman, 2000) as natural, emphasizes pleasure, practices open conversation, inclusive of diverse non-procreation sexual activities, honors self-determination, encourages a judgment-free approach, as well as celebrates happiness and well-being. Dailey (1997) exemplifies a sex-positive social worker by sharing his commitment to a sex-positive perspective:

The next time you choose to give expression to your sexuality, in whatever way you choose and with whomever they choose... . I want that experience to be unbelievably, incredibly, fantastically, memorably really good, really pleasurable! I do not want that experience to be burdened by guilt, shame, or humiliation, or by an unwanted pregnancy, an STD, feelings of coercion, or any form of hurt. I want it to be an absolute dynamite experience! I want you to know enough and be behaviorally prepared to avoid some of the possible hurts and to guarantee the highest level of pleasure for all involved (p.94).

EMBRACE PLEASURE AS PART OF THE STRENGTHS MODEL

Recommendation two is for social workers to make the connection that sexual pleasure is a client's strength. Not only must we be willing to acknowledge the client's sexuality but that of sexual pleasure as a fundamental aspect of client sexuality (Edwards & Coleman, 2004; Hull, 2008; WAS, 2008). A sex-positive social worker recognizes that explicit sexual conversations and advocating for sexual pleasure does not cause irresponsible sexual behavior or experimentation. According to Dailey (1997), a sex-positive social worker emphasizes "the enhancement of sexual pleasure (both physical and emotional)" (p. 93) and works toward "creating a positive environment for learning even when the subject matter has negative or fear-provoking elements" (p.95). As we situate human sexuality unambiguously within social work, it will be critical to not only recognize the centrality of sexual pleasure but that of sexual rights and sexual health to a client's health and wellbeing (Gruskin, Yadav, Castellanos-Usigli, Khizanishvili, 2019; Starrs et al. , 2018; Turner & Crane, 2016b).

Practice implications include when our clients get caught up in the performativity of sex, which can lead to sexual dysfunction. Social workers can normalize other aspects of physical encounters beyond vaginal/ penile penetrative intercourse, introducing a pleasure model of sex.² This provides an opportunity for social workers to validate clients who do not engage in that form of sexual behavior, which may include members of the LGBTQIA2S+ community. This also can be a powerful tool when working with youth who may not always want but feel pressured to engage in penetrative intercourse. Social workers can offer alternative messaging around outer-course (i.e. body rubbing, mutual masturbation, kissing). Another practical application is bringing to the forefront skin hunger, which notes that the skin is the largest sex organ and that nearly everyone has an intense desire for physical contact such as touching, caressing, and holding. Many of the populations that social workers provide services, such as the elderly, are starving for physical contact. And while a person's needs for touch are distinct, access to socially acceptable ways to meet this need is something for social workers to consider, especially when working with certain populations such as those institutionalized that may have limited availability to dating or sexual activity. Problematic behaviors such as excessive hugging or hair stroking may be attempts to get these physical needs met and may provide valuable

clinical insight for social workers. Tapping into fantasy, memory and other sensory aspects of sensuality take advantage of what Dailey (1981) describes as the “mind is the most important and powerful sex organ” (p. 318). Social workers can use this with clients who may not have access to sexual partners highlighting the client’s capacity for self-pleasuring. Finally, being able to discuss body image is crucial with our work with youth, around eating disorders, people’s experience of fatphobia, and clients grieving the loss of body parts such as those post cancer treatment or returning from war.

MOVE BEYOND GENDER & LGBTQIA2S+ = SEXUALITY

Third, as highlighted by the Circles of Sexuality, social work efforts that solely define sexuality one-dimensionally (i.e. sexual orientation) are reductive and a mistake. While preparing social workers to practice with cultural humility is crucial and providing training to work with the LGBTQIA2S+ community is essential, we are remiss if we delude a professional understanding of sexuality to solely issues of gay affirmative practice (Hafford-Letchfield, 2010) or social work attitudes toward lesbians and gay men (Martinez, 2011). While these notably elucidate important topics like heterosexist practice and institutional heterosexism, social work training on sexuality must be training that encapsulates knowledge, skills and comfort around a broader educational, multi-dimensional understanding of human sexuality, one that Rowntree (2014) describes as encompassing “people’s everyday desires, practices, relationships and identities... (p. 362)

Ways of not knowing sexuality creates a hierarchy of privilege (Jeyasingham, 2008). So, by social workers only focusing on sexual orientation, we are remiss in preparing competent practice that addresses a full spectrum of client sexuality as outlined in the Dailey model. To be clear the nascent approach of couching LGBTQIA2S+ content in culturally competent practice must be challenged. We can do better than the obligatory “gay awareness” lecture. At a minimum, the LGBTQIA2S+ community deserves social workers who are well-versed in symbols, historical dates, and contemporary figures within the LGBTQIA2S+ community such as knowing the significance of the Stonewall Inn³. Additionally, social workers should understand cultural nuances when LGBTQIA2S+ clients seek support for issues such as information on Pre-exposure prophylaxis (PrEP)⁴ (HIV prevention medications), chem sex⁵, sex-on-premise spaces⁶, circuit parties⁷, body image pressures, negotiating kink or open-relationships, and navigation of sub-cultures (i.e. bear, leather communities).

However, I want to stress those cultural or community issues are separate from a more holistic sexual well-being approach. Sexually literate social workers should be prepared to embrace and support LGBTQIA2S+ clients beyond sexual orientation issues including sexual literacy around general sexuality issues that may be experienced by clients such as: how mental health medications impact sexual desire and functioning. Other issues might relate to commercial lubrication, menopause, sexual shame, lack of sex education, grieving sexual function, and barriers to sexual inti-

macy. A holistic view of all of our clients as sexual individuals with a right to sexual health and access to qualified sexual health professionals is merited. Social workers need more than an appreciation of marginalized communities but also should have practice skills to address basic sexuality issues.

CENTER SEXUALITY TRAINING

The fourth recommendation is that social workers need to be sex smart and askable. Social workers can help facilitate clients exercising a sexual voice which often can be subject to being “shamed, segregated, and silenced” (Turner & Crane, 2016a, p. 5), most notably in marginalized communities. But to do that the academy needs to explore where human sexuality belongs in our professional training. Does it take up residency within elective courses, integrated into the current curriculum, or even offered as part of field education placements? I would argue we need more attention on a formalized curriculum within our core requirements for social work students. This is especially salient given that we have an opportunity to become the discipline that is noted as providing the health care profession with sexual health advocates, practitioners and educators. Teaching implications include a radical revamping of our approach in preparing future social workers. The Council on Social Work Education (CSWE) should require foundational sexuality literacy training. An introductory or foundation human sexuality course would provide an overview of human sexuality, increasing the social worker’s knowledge, skills, and comfort essential to practice around a myriad of sensitive issues in human sexuality. The course would also provide theoretical models to ground practice and allow social workers to identify their own values. Finally, this course would provide an experiential setting for social workers to practice discussing a variety of sexuality topics. This goal of sexuality literacy will ideally better equip social workers to be sexual health social workers, the front-line experts in facilitating client sexual health, thereby contributing to healthy communities.

POSITION SEXUAL JUSTICE WITHIN SOCIAL JUSTICE

Fifth, sexual justice is social justice. Social workers must position sexual justice within our longstanding social justice efforts. Sexual justice is more than reproductive choice and as noted by Turner, Vernacchio & Satterly, (2018) “framing sexual justice as social justice may enhance student learning and professional development” (p.504). As important as reproductive justice is, the umbrella of sexual justice expands into an array of diverse topics including advancing sexual well-being training within the social work academy.

Social workers have a long-standing tradition of being at the forefront of social justice campaigns; we fight for marginalized communities; we engage in anti-oppressive work; we strive to practice cultural humility. In this space, it is imperative that we recognize how cultural values and norms impact sexuality and more importantly can influence and contribute to oppression. Sexuality is often where human rights

abuses happen. (Sloane, 2014). A culture of sexual pathology is further supported by privileging a few to be sexual, usually falling into the demographic of white, male, Christian, well-endowed (i.e. penis and/or breasts), young, (but not too young, parenthood age), commercially attractive, able-bodied, heterosexual and married while simultaneously demonizing anyone outside of this acceptable few. By limiting access, knowledge and support we create others to be managed. Problematizing sex is a favored tool for management of the disenfranchised. However, if social workers are going to work around power, privilege and oppression they must acknowledge this use of sexuality to control and subjugate groups. More importantly, they must become sexual health advocates in order to counter these tactics.

CONCLUSION

I recognize that my clients are the experts of their life, including their sexual lives, and my role is to travel alongside in partnership. How I bring sex-positive values and interventions is a marker of my commitment to be a strengths-based sexual well-being social worker. The strengths perspective is a social work model that can support a client, specifically around what Saleebey (2002) described as “the revolutionary possibility of hope” (p. 18) -hope to be desired, hope to fall in love, hope to have fulfilling sexual encounters, hope to have sexually literate, sex-positive social workers. Social workers are ideally positioned to be a part of this client support need. I have tried to outline a bold vision for advancing the explicit inclusion of human sexuality within social work by painting a picture of social workers operating as sexual health allies. A strengths-based approach to client sexuality has tremendous potential to reach social workers who have traditionally overlooked or dismissed their role regarding client sexuality. The goal was to provide a framework to increase social workers’ understanding of their role and responsibility to be positive sexuality educators, researchers and clinicians. Positioning human sexuality within a strengths-based model, the Circles of Sexuality, provides a map into potentially uncharted territory of sexual health/ well-being for social workers and may help facilitate a more robust and rich discourse on sexually literate social work practice.

END NOTES

¹ In 2016, the Prevention Access Campaign, a health equity initiative with the goal of ending the HIV/AIDS pandemic as well as HIV-related stigma, launched the Undetectable = Untransmittable (U = U) initiative. U = U signifies that individuals with HIV who receive antiretroviral therapy (ART) and have achieved and maintained an undetectable viral load cannot sexually transmit the virus to others. This finding reinforces existing consensus by the World Health Organization (WHO) and more than 750 other organisations worldwide that people whose HIV viral load is stably suppressed cannot sexually transmit the virus. For more information, see <https://www.nih.gov/news-events/news-releases/science-clear-hiv-undetectable-equals-untransmittable>

² For more information on alternate models see Al Vernacchio's "The Pizza Model" (https://www.ted.com/talks/al_vernacchio_sex_needs_a_new_metaphor_here_s_one?language=en).

³ The Stonewall Inn, a haven for the New York's gay, lesbian and transgender community, located in the Greenwich Village neighborhood of Lower Manhattan, New York City is widely considered the epicenter of the modern gay rights movement. In June 1969, police raided the bar which launched the Stonewall riots, a series of spontaneous, violent demonstrations by members of the gay (LGBT) community. Pride month is now celebrated with parades, parties and community events in June around the world to commemorate this grass-roots self-advocacy movement. On June 24, 2016, President Barack Obama officially designated the Stonewall National Monument making it the United States' first National Monument designated for an LGBT historic site.

⁴ Pre-exposure prophylaxis (or PrEP) is when people at risk for HIV take daily medicine to prevent HIV. PrEP can stop HIV from taking hold and spreading throughout your body. Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. PrEP is much less effective when it is not taken consistently. For more information, see <https://www.cdc.gov/hiv/basics/prep.html>

⁵ Chem sex or "Party and Play" are phrases commonly seen on sexual networking apps for men who have sex with men (MSM), that refer to substance use for sexual enhancement. These drugs include crystal methamphetamine, mephedrone and/or GHB/GBL by before or during sex.

⁶ Commonly referred to as "bathhouses" or "saunas" by the gay community, these spaces are available in most large metropolitan cities. Sex on Premises (SOP) venues is the term used primarily in British and Australian medical literature for the various commercial venues expressly for engaging in public sex. These spaces may include a darkened backroom at a bar, bookstores with cubicles, or dedicated club style venues with various play rooms including spaces with a bed.

⁷ Circuit parties are large often professionally produced international dance events associated with the LGBT / gay culture. Lasting several days, the consumption of "party drugs" and increased sexual opportunities are also part of the attraction of these events.

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