

Social work with sexuality

Social workers' perceptions about working with sexuality-related topics

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SUMMARY:

The subject of this study is sexuality-related topics in social work. Sexuality is a significant component in human well-being, and thus it can be seen as relevant for social work as well. In my study, I am examining social workers' experiences and perceptions about working with sexuality and how they see sexuality as a theme in relation to social work. I have charted the presence of sexuality in social work by analyzing the social workers' subjective experiences about sexuality in their work, their work methods with sexuality, and their views on the relevance of sexuality to social work. My main theoretical perspectives in this study have been in social constructivist approaches and sexual rights.

The material of this study has been collected by semi-structured interviews with six social workers with a wide range of experience from different fields of social work. The participants were recruited via a career-related Facebook group for social workers and through my personal network. The interviews were carried out in March-May 2019. The themes that guided the interviews were experiences and perceptions about sexuality in social work and reflections on needs for improvements. My methodological approach to this study is qualitative and material-driven, which means that I have focused on describing and analyzing knowledge based on the subjective experiences of my participants about the research subject. The analysis method I have applied in this study is data-driven content analysis.

Based on the experiences of the social workers I have interviewed, sexuality is present in their work, but there are also fields where it remains completely invisible. Things that have an effect on how visible or relevant sexuality is are the support and attitudes of organizations and employers, and the nature of the client process. Social workers feel that sexuality is both a central and exciting, and a challenging theme in their work. Their work methods with sexuality are based on letting the client know, directly or indirectly, that bringing sexuality-related topics up is allowed. Additionally, the methods of working with sexuality apply inclusive language, respect and strength-based approaches, and network and counseling-related approaches. A central aspect in working with sexuality is professional self-reflection. The social workers feel that social work education does not provide sufficient skills and support for working with sexuality. Because of this, they have acquired most of the skills and knowledge they need for working with sexuality through personal motivation to learn more about the subject.

In the results of this study, sexuality is depicted as a rather central theme to social work, if it one just chooses to acknowledge it as such. More discussion and visibility on sexuality are needed in social work education, research, practical work and service systems. Especially sex-positive, strengths-based and non-judgmental perspectives can provide new alternatives to develop social work's expertise and its possibilities to address the needs of its clients.

Key words: sexuality, sexual health, sex-positivity, sex-positive social work

TURUN YLIOPISTO

Sosiaalitieteiden laitos/Yhteiskuntatieteellinen tiedekunta

VIHRO, HELMI: Sosiaalityötä seksuaalisuuden kanssa – Sosiaalityöntekijöiden käsityksiä seksuaalisuuteen liittyvien teemojen kanssa työskentelystä

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TIIVISTELMÄ:

Tutkimukseni aiheena on seksuaalisuuteen liittyvät teemat sosiaalityössä. Seksuaalisuus on merkittävä tekijä inhimilliselle hyvinvoinnille, ja tämän vuoksi sen voidaan katsoa olevan merkittävä sisältö myös sosiaalityölle. Tutkimuksessani tarkastelen sosiaalityöntekijöiden kokemuksia ja käsityksiä siitä, miten seksuaalisuus on läsnä heidän työssään ja millaisia näkemyksiä heillä on seksuaalisuuden teemoista sosiaalityön kannalta. Olen kartoittanut seksuaalisuuden läsnäoloa sosiaalityössä tarkastelemalla sosiaalityöntekijöiden kokemuksia, tunteita ja ajatuksia seksuaalisuuden kanssa työskentelystä, heidän työtapojaan seksuaalisuuden kanssa, sekä heidän näkemyksiään seksuaalisuuden merkityksestä sosiaalityölle. Tutkimuksen keskeisiä teoreettisia näkökulmia ovat sosiaalinen konstruktivismi ja seksiposiitivisuus.

Tutkimuksen aineisto on kerätty haastattelemalla kuutta sosiaalityöntekijää, joilla on monipuolisesti työkokemusta sosiaalityön eri aloilta. Haastateltavat rekrytoitiin Facebookin Sosiaalityön uraverkosto-ryhmästä sekä henkilökohtaisten kontaktien kautta. Haastattelut olivat teemahaastatteluja, ja ne toteutettiin maaliskoukokuussa 2019. Tutkimukseni on laadullinen aineistolähtöinen tutkimus, joten olen keskittynyt siinä kuvaamaan ja analysoimaan haastateltavieni kokemuksellista tietoa tutkimuskohteeseen liittyen. Tutkimuksen analyysimenetelmänä olen käyttänyt aineistolähtöistä sisällönanalyysiä.

Haastateltujen sosiaalityöntekijöiden kokemusten perusteella seksuaalisuus on läsnä heidän työssään, mutta on myös alueita, joilla se jää näkymättömäksi. Seksuaalisuuden olennaisuuteen ja läsnäoloon vaikuttavia asioita ovat organisaatioiden ja työnantajan asenteet ja tuki sekä asiakasprosessin luonne. Sosiaalityöntekijät kokevat seksuaalisuuden sekä innostavaksi ja keskeiseksi että haastavaksi teemaksi työssään. Työtavat seksuaalisuuden kanssa perustuvat siihen, että asiakkaalle viestitään suorasti tai epäsuorasti, että seksuaalisuudesta on lupa puhua. Työtavat seksuaalisuuden kanssa hyödyntävät myös sensitiivistä kielenkäyttöä ja kunnioittavaa ja voimavarakeskeistä työtettä. Keskeistä seksuaalisuuden kanssa työskentelylle on sosiaalityöntekijän ammatillinen itsereflektio. Sosiaalityöntekijät kokevat, että sosiaalityön koulutus ei tarjoa riittäviä eväitä seksuaalisuuden kanssa työskentelyyn, vaan suuri osa tarvittavista tiedoista ja taidoista on hankittu oman kiinnostuksen myötä.

Tutkimustuloksissa seksuaalisuus näyttäytyy hyvinkin keskeisenä teemana sosiaalityölle, jos se vain valitaan nähdä sellaisena. Seksuaalisuuden merkityksestä sosiaalityölle tarvitaan lisää keskustelua ja näkyvyyttä niin koulutukseen, tutkimukseen, kuin käytännön työhön ja palvelujärjestelmäänkin. Etenkin seksiposiitiiviset, voimavarakeskeiset ja tuomitsemista välttävät näkökulmat voivat tarjota uusia mahdollisuuksia kehittää sosiaalityön asiantuntijuutta sekä alan kykyä vastata asiakkaidensa tarpeisiin.

Asiasanat: seksuaalisuus, seksuaaliterveys, seksiposiitivisuus, seksiposiitiivinen sosiaalityö

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1. Introduction

Sexuality is a central part of human life, well-being and the experience of the self and one's identity. Sexuality covers some of the most sensitive aspects of humanity, so the meaning of sexual health to overall wellbeing is substantial. Sexual health includes a positive and respectful attitude towards sexuality and sexual relations, as well as the chance to consensually execute one's own sexuality free from coercion, violence and discrimination. The rights to freedom of choice, access to sexual health and protection from sexual violence also belong to sexual rights, which are considered as a dimension of universal human rights. (Bildjuschkin & Ruuhilahti, 2010; Klemetti & Raussi-Lehto, 2013, p. 10; World Health Organization–WHO, 2006.) Sexuality, sexual health and sexual rights connect with themes such as gender, ethnicity, agency, age, sexual orientation, reproductive planning, and overall health. It can be stated that sexuality is linked with various individual and social factors that, on one hand, are of importance to well-being, and on the other hand, can also be sources of social risks, such as inequality, discrimination, abuse and social exclusion. To social work, as a human rights and social justice-based profession, these aspects make sexuality a central subject to acknowledge, study, and work with. (Dodd & Tolman, 2017; McCave, Shepard & Winter, 2014; Myers & Milner, 2007; Williams, Christensen & Capous-Desyllas, 2016.)

Social work is a profession that aims to strengthen and support communities, the functional abilities of individuals, and circumstances that support wellbeing. Doing social work means executing a comprehensive and change-oriented approach to evaluate and find solutions to social problems in work with individuals, families and communities. (Sosnet, 2020.) The practice of social work is done often in contact with individuals, but the problems and encounters are not just individually constructed. They also connect to complex and ever changing situational, professional, and societal factors. This means that an important dimension of the expertise and professional competence of social work is to acknowledge, understand, and critically observe the factors that affect our work and the lives of our clients. (Karvinen, 1996b; Laitinen & Pohjola, 2010.)

Therefore, it can be seen that the tasks of social work in the field of sexuality are diverse. Through the expertise and human rights-based values of the profession, social work can defend the sexual rights of its clients, promote sexual health and wellbeing, and prevent and counteract sexuality-related violence, trauma, and problems. Sexuality can become an issue of social work in almost all of its fields, like through needs for sexual education or questions of sexual identity in services for children and youth, through needs for investigating sexual violence and trauma

in child welfare [lastensuojelu] or with adults; or in the relationships or feelings of loneliness of our clients. These are just a few examples of how sexuality can be present in social work in different ways, and how social workers have different roles depending on the situation. The social worker might be required to be a supporter, a defender, a challenger, or an investigator of different sexuality-related issues.

But, despite this obvious relevance of sexuality to social work, the profession has traditionally either remained silent near the subject or focused solely on the risks and problems connected to it. By avoiding the topic or framing it only as a source of social problems that are current only for certain groups (such as the LGBTQIA+ community), social work executes power, that is based on the institutional status of social work as a profession, over the definitions of sexuality. This can be harmful, because it neglects the notion that sexuality is something that is relevant to everyone regardless of status or identity. Sexuality could also hold great potential to the everyday well-being of social work's clients if it would be approached as a resource rather than a risk or something that is not important. It has been argued that it would be consistent with the values and ethics of the profession to treat sexuality from a sex-positive, strengths-based perspective in social work. (Dodd, 2020; Dunk, 2007; Holmberg, 2017; McCave et al., 2014; Myers & Milner, 2007; Williams et al., 2016.)

Because social work holds such definitive power over sexuality, and because integrating more sex-positive approaches to social work could potentially have positive implications to the professional practice, it is necessary to examine how sexuality is currently present in social work and how social workers perceive working with the subject. For myself, the presence of sexuality in social work became visible (or, rather, invisible) when I was working in social services for adults several years ago. It occurred to me that in numerous cases, sexuality was an underlying aspect connected to the clients' issues and life trajectories, but it was never properly addressed. The topic felt difficult to grasp, and it was mostly left as a side note in documentation, if mentioned in it at all. The same phenomenon can be detected from recent survey studies and social work literature: social workers and social work students all over the world do not feel that they have received sufficient education on the topic and they feel unprepared to work with the subject (Areskoug-Josefsson, Rolander & Bülow, 2019; Hall, Plantin & Holmström, 2017; Lavie-Ajayi, 2020; Neocleous & Apostolou, 2017; Ramseyer Winter, O'Neill, Begun, Kattari & McKay, 2016; Schaub, Willis & Dunk-West, 2016). The provision of textbooks, education and scholarship on human sexuality in social work is "relatively invisible and fragmented" (McCave et al., 2014, p. 422).

This same invisibility is present in Finnish social work scholarship and literature. Sexuality has not been approached from universal, health and strength-based, positive perspectives almost at all. For these reasons I found it even more necessary to chart how sexuality is present and seen in the work of Finnish social workers. In this study, I acquired a qualitative methodology towards the topic and interviewed six social workers about their experiences and perceptions about working with sexuality-related topics in their work. I also pursued to find out how the social workers work with those sexuality-related topics when they come up; and how the social workers see the relevance of sexuality as social work content. I examined the social workers' responses with content analysis as my analysis method. My aim with these measures has been to explore and make visible the meanings, roles and possibilities of sexuality and sexual health to the social work profession.

The outline of this study goes as follows: In the first two chapters after this introduction – *Theoretical perspectives* and *Sexuality and Social work practice* – I will present the theoretical concepts and perspectives, as well as practical work models, about sexuality and social work that are relevant to this study. In chapter 4, *Study conduct*, I will introduce the research questions, methodology, and the setup of this study. In chapter 5 – *Social workers' experiences and perceptions about working with sexuality* – I will display the results of my analysis. In the last chapter, I have drawn together some central findings and reflections about their meaning for the possible need for further research and implications to professional social work practice and education.

2. Theoretical perspectives

Sexuality as a concept ties together theories and knowledge base from multiple disciplines all around the scope of fields of science. In fact, there is no single objective method for approaching and observing sexuality or sexual health, but rather a range of different perspectives. (Bildjushkin & Ruuhilahti, 2010.) In this chapter, I will approach sexuality and sexual health mostly from the perspectives and theoretical concepts of Social Sciences and social work. Because the scale and availability of social work literature on sexuality-related themes have been rather scarce by the time this thesis has been under process (particularly in the field of Finnish social work research), I have complemented my outlooks with literature from fields such as sociology, health studies, medicine, psychology and cultural studies.

My aim with these perspectives is to shed light to the different meanings of sexuality to modern social work practice, and to the reasons and mechanisms that have created these meanings. The focus of this chapter is especially on social constructivist approaches to sexuality. I have chosen this perspective because it can be argued that the profession of social work is, in itself, socially constructed: social work is executed and defined in a complex network of social encounters, services, and institutional contexts. Its tasks and aims are affected by its participants, and the organizations, policies, legislative contexts, and cultures it takes place in. (Payne, 1991, p. 7–15.) Additionally, social constructivist perspective is functional for examining the relationship between social work and sexuality, because it allows a critical investigation of the connections between sexuality, language and power. (Myers & Milner, 2007.)

Other central perspectives to this chapter are the themes of sex-positivity and sexual rights. But it has to be noted that I am only able to present a fragment of the outlooks to sexuality; the perspectives mentioned above are the ones that I have chosen and by no means they should be seen as a comprehensive representation of sexuality-related themes in social work. Another note worth of making is something that Myers and Milner (2007, p. 3) have summarized quite well in their textbook on the subject of sexuality: “Given the all-pervasiveness of sex and sexuality, it is probable that there will be overlaps, commonalities and some repetition.” The ‘all-pervasive’ nature of sexuality is a central theme in this study as well, so overlaps and repetition will most probably be present throughout the entire study.

2.1 Encountering sexuality: Important terms and concepts

(Positive)Sexuality

Probably the most referred definition of sexuality is the one by World Health Organization (WHO). According to WHO, sexuality is something that considers every human in some form, in

all stages of life. It is a sort of umbrella term that covers the aspects of sex, gender identities and roles, sexual orientation, eroticism, sexual pleasure, intimate relationships and reproduction. Sexuality and sexual experiences appear through thoughts, fantasies, desires, beliefs, attitudes, behavior and sexual practices, roles and relationships. (WHO, 2006 p. 5.)

Even though sexuality can cover all these aspects, it does not mean that all of them might be experienced or expressed by everyone at all times. Sexuality can also be seen as something that is fluid; something that will never be complete but is in constant change and development throughout our lives. The sexuality of an individual human being cannot be defined by anyone else but the individual themselves, but this definition is framed by external elements, such as biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious factors. In other words: how we see sexuality, and how we think, feel, and act about the sexuality within ourselves and others, is affected by culture, language, values, and our views of the world and humanity. (Bildjuschkin & Ruuhilahti, 2010; Myers & Milner, 2007; Säävälä, 2020; Vilkkä, 2010; WHO, 2006, p. 5.) This means that even persons who do not consider sex and sexuality as meaningful to themselves (a type of sexual identity often referred to as asexuality) are still often affected by surroundings that do give significance to sex and sexuality.

In the context of this study I am thus looking at the concept of sexuality from a rather broad perspective. Instead of referring to just sexual orientation or sexual acts, I am understanding sexuality as an essential part of our everyday lives and overall well-being. An important part of this understanding is the aspect of *positivity*. *Sex-positivity*, or positive sexuality, is a concept that regards sexuality as a positive resource in life and an important link to well-being. Sex-positivity focuses on encouraging sexual fulfillment, desire, intimacy and arousal. By non-judgmental, health and strengths-based approaches, sex-positivity strives to frame sexuality as a human right and a part of everyday life for all. (Dodd, 2020, p. 3; Williams, Thomas, Prior & Walters, 2015.) I will present the concept more profoundly in chapter 2.4. – *Change in discourse: Sex-positivity*.

Sex, pleasure, and the body

Even though the focus of this study is on the more theoretical dimensions of sexuality, I have still wanted to shortly bring attention to the physical and sensational aspects of sexuality. Pleasure is a topic that is often faded out of discussions regarding sexuality because talking about sex and feelings of pleasure and can be considered shameful. Despite this, sex and pleasure are very central parts of sexuality that are very much experienced in the body through touch, thoughts and words. Sex is also often reduced to a definition of a penis penetrating a

vagina, but it is a term that bears much wider meanings. Sex means expressing and executing one's sexuality either alone, or with one or multiple partners. In addition to intercourse, sex includes all kinds of touching, caressing and other actions that have the purpose to produce erotic pleasure. Sex can happen in one's imagination and fantasies, or through sex with oneself – masturbation. Sex can be a way to express intimacy, tenderness, love and passion towards oneself and one's partners. (Bildjuschkin & Ruuhilahti, 2010, p. 35–37 & p. 134; Brusila, 2020b; Holmberg, 2017; Ilmonen et al., 2019.)

Sexual Health

According to WHO, sexual health means not just the absence of disease, but a state of wellbeing that covers physical, emotional, psychological and social dimensions of sexuality. The fundamental requirements for good sexual health include an access to accurate knowledge about sex and sexuality; sufficient support to self-image, identity and self-esteem; and the right to be treated with respect and affirmation. An important part of sexual health is having the chance and the ability to experience sensations and actions that give sexual pleasure, all while respecting the sexual rights of others. Sexual health also includes freedom of choice regarding reproduction and contraception, as well as an access to services that provide security during pregnancy and childbirth.¹ (Bildjuschkin & Ruuhilahti 2010, p. 20; Klemetti & Raussi-Lehto, 2013; WHO, 2006, p. 5.)

As can be seen from this description, sexual health as a concept has some overlapping content with the concept of sex-positivity. I have still included it in the listing of important concepts in this study, because sexual health covers aspects of sexuality that are particularly present in health and social services. Such aspects are sexual education; themes around multiculturalism; unintentional infertility; pregnancy; childbirth and postpartum care; contraception; abortion; mental health issues; and sexual abuse. (Klemetti & Raussi-Lehto, 2013.) Further on in this study, I will handle sexual health as a dimension of sexuality, and thus I am also referring to aspects of sexual health when I am talking about sexuality.

From the point of view client work in health and social services, promoting sexual health requires specifically arranged and adequate sexual and reproductive health services. It has been argued that ill sexual health is connected to poverty and social exclusion. Confusion or difficulties with

¹ There is debate whether some of these aspects should be referred to as parts of *reproductive health* rather than sexual health. Despite this, the two concepts can also be seen as overlapping and complementing one another. (Brusila, 2020b; Klemetti & Raussi-Lehto, 2013.) For the sake of simplicity, the entity of reproductive and sexual health is referred in this study simply to as sexual health.

one's sexual identity or self-image contribute to a diminished life quality and well-being. Sexual health also means the absence of threat, violence, and exclusion. Therefore, the promotion of sexual health can be seen as a significant part of promoting public health and the well-being of populations, communities and families. (Bildjuschkin & Ruuhilahti, 2010; Kero & Merta, 2020; Myers & Milner, 2007; Finnish institute of health and welfare–FIHW, 2020c.) All of these aspects mentioned are strongly connected to sexual rights, which I will present next.

Sexual rights

Sexual rights are an inseparable dimension of the absolute and universal human rights that belong to every human. Sexual rights refer to the rights of every individual to make conscious and responsible decisions about their own sexuality. Sexual rights are based upon the values of freedom, equity, privacy and autonomy. These rights cannot be denied of anyone on the basis on their gender, skin color, sexual or gender identity, religion, or the status of their health. Different organizations, like WHO, The International Planned Parenthood Federation (IPPF) and World Association for Sexual Health (WAS) have proclaimed their own declarations of sexual rights that are based on the internationally recognized human rights conventions. (Brusila, 2020b; Ilmonen, Korhonen, Lipsanen, Kaukoranta & Kotiranta, 2019; WHO, 2006, p. 5.) According to these declarations, people are sexually equal so that everyone has the right to protection and autonomy regarding their sexuality; the right to appropriate sexual health information, education and services; the right to privacy, integrity and freedom of violence and oppression; and the right to a safe and satisfying sexual life and autonomy in decisions regarding marriage and founding a family. (Bildjuschkin & Ruuhilahti, 2010, p. 16; Brusila, 2020b; Dodd & Tolman, 2017; WHO, 2006, p. 5; Williams et al., 2016.)

As mentioned earlier, the respect and protection of sexual rights is essential to the health and well-being of individuals, communities and societies. At the same time, sexual rights are often the most vulnerable dimension of human rights. Abuse, violations of autonomy, disapproval or denial of sexuality, shame, and seeing sexuality as a commodity are phenomena that limit and violate sexual rights and have their roots in social control and discrimination. These limitations and violations are prevalent all over the world and executed by states, medical professionals as well as communities and families. This is the case despite the argument that preventing child marriages and teenage pregnancies, and providing sufficient sexual education, access to contraception and other family planning services would contribute to a higher level of education and economic well-being; prevent maternity - and aids-related deaths; and decrease health care costs with lower levels of sexually transmitted diseases (STIs), abortions and childbirth complications. Sexual rights can also be seen to promote gender equality and thus counteract

global inequality and poverty. (Bildjuschkin & Ruuhilahti, 2010, p. 16; Brusila, 2020b; Dodd & Tolman, 2017; Ilmonen et al., 2019.)

Gender and sexual diversity

Gender identity and sexual orientation are factors that have great meaning to our growth, relationships, and self-esteem. Gender identity means the perception and experience an individual has about their gender, if they experience having a gender at all. Sexual orientation is a term that describes to whom an individual is (or is not) attracted to. Gender and sexual orientation as phenomena and experiences are diverse and unique, and every individual has the right to define their sexual orientation and gender identity, or to refrain from defining them, and to change their minds about what they experience their identity to be. (Blomqvist, Grönroos, Korpela, Torvinen & Alanko, 2020, p. 4; Sassi & Nissinen, 2020; Seta–LGBTI Rights in Finland, 2020.)

There are multiple terminologies and vocabularies that are used to describe different identities and orientations. Identities that have a minority representation are often referred to with letter combinations such as LGBTQIA+ (Lesbian, gay, bisexual, transgender, questioning/queer, intersex, asexual and other). Since this study is focused on sexuality-related themes on a more general level and not just on the level of different identities and orientations, I have decided not to present and go through any comprehensive listing of different identities.² Instead, I will mainly approach the topics of gender and sexual orientation from the perspective of diversity. The term *gender and sexual diversity* refers to seeing gender and sexuality as a spectrum of different, unique experiences and expressions. The perspective of diversity accepts, affirms and includes variations in majority and minority identities, and acknowledges that there are no sexualities or identities that are less of value than others, provided that they involve consent with and respect for others. (Blomqvist et al., 2020, p. 4; Sassi & Nissinen, 2020; Seta–LGBTI Rights in Finland, 2020; Williams et al. 2016, p. 289.)

Social work

Respecting, promoting and protecting sexual rights is in accordance with social work's purpose and ethical principles. According to the International Federation of Social Workers (IFSW), these principles comprise of promoting social change and empowerment; and committing to social justice, human rights, respect for diversity and a holistic perspective to people in their environments. (Dodd & Tolman, 2017; International Federation of Social Workers– IFSW, 2014;

² For a vocabulary about gender and sexual diversity, see for example Sassi & Nissinen (2020, p. 130-132), or Seta – an organization that promotes LGBTI Rights in Finland (<https://seta.fi/sateenkaaritieto/sateenkaarisanoja/>)

Talentia, 2020b.) In a Finnish context, law (Social Welfare Act), professional union (Talentia), and the university network of social work (Sosnet) define social work as a field of specialized client and expertise work that aims to build social support and services to meet the needs of its clients. Social work's task is to promote social change in order to decrease challenges and suffering, and to strengthen inclusion, agency and cohesion together with its clients. (Social Welfare Act 15§; Sosnet 2020; Talentia 2020a.)

In other words, social work is both an expertise profession and an academic discipline that executes its principles by evaluating and seeking solutions to social problems with individuals, families, and communities (IFSW, 2014; Sosnet, 2020). Social work practice and research take place and are affected by a complicated interplay between social policies, legislation, professional and organizational ways of working, social vulnerability, and the needs of service users. The social work knowledge and expertise builds inter -and transdisciplinary knowledge that is both derived from social work's own theoretical foundation, and applications of theories from other human and social sciences. (Dahlgren & Sauer, 2009; IFSW, 2014; Karvinen, 1996b; Payne, 1991.) Social work has also a structural dimension, which in Finland is also defined as social work's task by law. Structural approaches have long traditions in the history and purpose of social work, and they aim to produce knowledge about social problems and develop tools for social change, which can be seen as an especially essential perspective to social work with sexuality. (Pohjola, Laitinen & Seppänen, 2014; Social Welfare Act 7§.)

Social worker is a professional title that is regulated by law. To be able to work as a licensed social worker in Finland, one has to have completed an appropriate academic degree with university studies as social work as the major subject. (Ammattihenkilölaki 7§). Despite this, social workers are by no means the only professionals working in social services. There are several, vocational and bachelor-level social services professions that social workers share their work environments with, not to mention the work done in interdisciplinary and multiprofessional teams with professionals from other fields, such as education, medicine, and psychology. Social work is mostly conducted in the sphere of public services in municipalities. Social workers work in fields such as child welfare and family social work [lastensuojelu ja lapsiperhesosiaalityö], in schools as counselors [koulukuraattori], social services for adults [aikuissosiaalityö], social emergency services [sosiaalipäivystys], services for the disabled [vammaispalvelut], services for elderly people [vanhustyö], and in health services and hospitals [terveyssosiaalityö]. In addition to municipal services, social workers can be employed in, for example, different kinds of organizations; as specialists in ministries and government offices; or in the field of research. (Tampere University, 2020a.) All of these different aspects of social work

have something to do with welfare, and thus with sexuality. It can be constituted that social work works closely to such life areas, services, and institutions, that connect to sexuality-related themes (Bildjuschkin & Ruuhilahti, 2010, p. 69; Kero & Merta, 2020).

Sexual guidance, counseling and therapy

Sexual guidance [seksuaaliohjaus], sexual counseling [seksuaalineuvonta] and sexual therapy [seksuaaliterapia] are levels of work forms in the field of sexual health services. Sexual guidance means giving information and affirmation regarding sexuality-related themes in any kinds of professional treatment and client work contexts. Sexual guidance is something that can be conducted by all professionals working in social and health services. Sexual counseling in its turn is a more goal-oriented process that is based on individual needs and focuses on handling sexuality and gender-related themes in a professional relationship with the client. Sexual therapy means different kinds of therapeutic, often short-term interventions that aim to treat and solve sexuality-related problems. In order to provide sexual counseling or therapy, one has to undergo specialized training in addition to having a basic degree in the field of social and health care or education (such as a degree in social work). Titles such as sexual counselor [seksuaalineuvoja], sexual therapist [seksuaaliterapeutti] and clinical sexologist [kliininen seksologi] are authorized by the Finnish organization of sexology [Suomen Seksologinen Seura ry] on the basis of completed training according to the requirements by The Nordic Association for Clinical Sexology (NACS). (Kero & Merta, 2020, p. 736-737.)

2.2 Sexuality in Western culture – A history of control

Even though the perspectives to sexuality I have chosen in this study and presented in the preceding section are based on positivity and inclusion, it must be acknowledged that the status of sexuality in Western cultures and societies is more complex than that. Traditionally, sexuality has been connected with aspects such as taboo, discrimination, control and shame, which has made it difficult to talk about sexuality and to accept its various forms. This applies to social and health care as well: sexuality is a phenomenon that still difficult to encounter in professional care work, even today (Laitinen & Pohjola, 2009, p. 6; Myers & Milner, 2007). For this reason, I am going to present some historical factors that have shaped attitudes towards sexuality in Western cultures. Having a glance over different perspectives on sexuality over time helps to understand why it has the status it has to modern Western societies and individuals today (Weeks, 2010). This review is by no means complete because of its cultural limitation to the West.

The term 'taboo' means something holy and of cultural significance, a convention through which the topic that is considered taboo is either forbidden or not addressed (Laitinen & Pohjola, 2009, p. 6). A taboo is thus a tool of social control. Sex and sexuality have reached a taboo status in our society, because they have been seen as something mystical, unpredictable, forbidden or even dangerous; something that needs to be regulated, classified or hidden. The three main cultural contributors to this development in Western cultures have been Christian religion; civil legislation and governance; and medicine. (Bildjuchkin & Ruuhilahti, 2010, p. 14–17; Foucault, 1978; Ilmonen & Nissinen, 2006; Weeks, 2010; Vilkkä, 2010). This perspective to the history of sexuality is based on the thoughts and writings of the French historian and philosopher Michel Foucault. Foucault is considered one of the most central figures in the field of sexuality and gender studies. (Myers & Milner, 2007, p. 32; Vilkkä, 2010, p. 77.)

A common conception about the role of sexuality has been that it is something that Western culture has tried for centuries to hide and repress. However, Foucault criticized this thought and brought out that the Western world has actually been highly interested in sexuality and eager to discuss it since the 18th century. Then, and before it as well, the morals of Christian belief were the most influential factor that shaped the rules and norms of sexual life. Sex and sexuality were seen as a means for reproduction in the context of monogamous marriage. Any other sexual interest and succumbing to 'carnal' pleasures were considered forbidden and a sin. By the late 18th century, Western medicine became interested in sexuality and especially "the world of perversion", i.e. sexual behavior outside the context of marriage, which became the subject of research. The medical and natural scientist way of looking at sexuality was especially interested in classifying, outlining and labeling sexual experiences, and seeing the human body as condemned and afflicted by its desires. This development of research sort of 'invented' concepts like 'gender', 'heterosexuality', 'homosexuality' and 'sexual orientation' in the meaning we understand them today. (Foucault, 1978, p. 37–49; Nissinen, 2020, p. 133–134; Vilkkä, 2010 p. 49–53; Weeks, 2010.) Sexuality became something that was divided to the binary of the male and the female sex and the hierarchies between the two sexes. The female body and sex became especially the object of medical scrutiny and societal control. This applied to restrictions concerning women in family life, work life, economy and overall power allocations in the society. (Myers & Milner, 2007, p. 12; Vilkkä, 2010, p. 44–45.)

Theories concerning sexuality during the 1800s and 1900s were based upon pathological and medical approaches that classified anything but 'normal' sexuality as a crime or psychiatric disorder, as something irrational. (Foucault, 1978; Vilkkä, 2010; Weeks, 2010). This pathologizing discourse and medical "disease-thinking" contributed to a normative

comprehension about human sexuality and human bodies: relations between humans are heterosexual and have reproduction as their ultimate goal, and human bodies are also fundamentally heterosexual and in accordance with the biological bodies we are given in birth. (Bildjuchkin & Ruuhilahti, 2010; Ilmonen & Nissinen, 2006; Myers & Milner 2007, p. 15; Weeks, 2010; Vilkkä, 2010.) These understandings laid the basis for a societal and governmental interest towards sexuality and reproduction. A family became a central unit of a functioning society, and the society became interested in governing, supervising and regulating these units through applying power over bodies (i.e. sexuality). This means a form of power that focuses on birth and mortality rates, public health, and life expectancy; and is constituted by state institutions like schools, the church, legislation and health care. (Foucault, 1978, p. 138; Vilkkä, 2010.)

Such interests and the influence of Christian morality and medical research are the main instigators for systematic oppression and discrimination towards gender and sexual minorities that has lasted for centuries. People who have been considered 'abnormal' have been (and still are; see for example Määttä, 2018) exposed to hate crimes and pure violence, as well violent medical experiments and treatments in the name of 'curing them'. An example of this sort of oppression is the fact that in Western cultures, homosexuality has officially been seen both as a crime and a psychiatric disorder until late 20th century. Homosexuality was removed from the Diagnostic and Statistical manual of mental illnesses (DSM) in 1973, and from the Finnish classification of mental illnesses in 1981. Homosexual deeds were decriminalized in Finland in 1971. (Juvonen, 1997, p. 13). The Finnish transgender legislation still requires infertility from a transgender individual for them to be able to legally reassign their gender. The legislation also includes several other aspects that are considered humiliating to transgender individuals. (Nipuli & Heino, 2015.) These are just a few examples of phenomena that have their roots in a pathologizing and controlling perspectives regarding sexuality.

2.3 Sexuality, institutional power and language

Social work is based and operates on social policies, that often have their principles grounded on normative assumptions and regulations of sex and sexuality. Social policies, lawmaking and professional ethics and morals are tied to time, place, and culture. This means that the laws and policies that regulate social work, as well as the ethics and values of social work are dependent on what is currently considered as acceptable or not. (Myers & Milner, 2007, p. 51–55.) For example, it can be seen that with the theme of sexuality, social work has started to evolve from a profession that most centrally guards chastity and morality, to a profession that defends human rights and counteracts oppression (O'Neill, 2016). This reflects how hegemonic morals,

culture, and changes in lawmaking affects the ways in which social work's tasks and ethics are defined (Karvinen, 1996b; Payne, 1991).

The regulation of medicine, Christian church, social policies and the role of public institutions as preservers of social order make social work one of the key executors of normative practices and reinforcement of current power structures (Brandon-Friedman, 2017; O'Neill, 2016). Sex and sexuality have a peculiar status, since they are considered private and intimate, but simultaneously they are a major interest and a subject of control for many kinds of public forces and institutions. This particular position between the private and the public creates challenges to addressing questions related to sexuality in everyday social and health care practice. It also shows the substantial amount of institutional power that professionals in social and healthcare withhold over their clients. Working with the most personal and intimate areas of life, the professionals have the power to define people and identities, and people's possibilities to agency on the basis of these given identities. (Juhila, 2006, p. 201–255; Kurri, 1997; p. 48–49; Laitinen & Pohjola, 2009, p. 13–14; McCave et al., 2014; Myers & Milner, 2007; Vilkkä, 2010.) In the context of social work and sexuality, this dynamic is especially visible.

Another aspect that creates challenges to addressing sexuality is the connection it has to values, morals, and emotions. Sex and sexuality are powerful topics that are linked to our views of humanity and the world. Our values and moral intakes on sexuality are socially, culturally, and politically constructed, and the topic can evoke strong feelings in us, and also make us want to avoid the subject. These views are often unconscious and unquestioned, and they are manifested through language, or silence. The usage of language has societal influence, and it can be both used for preserving or challenging societal power structures, because language molds our notions of what is wrong and what is right and on what grounds. For these reasons, how sexuality is discussed, or not discussed, has an impact on our professional practice. It can have substantial consequences on the client's lives and the outcome of the client process. (Bildjuschkin & Ruuhilahti, 2010; Dodd, 2020, p. 3; Kurri, 1997. p. 48–49; McCave et al., 2014; Myers & Milner, 2007.)

Social work is a profession that operates through language and communication, and the power of language is present in the most everyday encounters of practical work. A very typical example of this is normative assumptions. A norm means a rule or an expectation of what something is and what it is supposed to be, and the norms can be for example about gender or sexual orientation. A *gender normative* approach means assumptions about gender and that there are only two sexes (male and female) that are mutually exclusive with another. Social and health

care professionals can for example assume that their feminine-appearing client also identifies as a woman. Also, many forms and questionnaires that are used in the field of social services have only two options for the client to choose as their gender; a man or a woman. These gender-based normative assumptions are also a basis for *heteronormativity*. Heteronormativity means an unquestioned expectation that every man is attracted to women and vice versa. Heterosexuality has been formed into a standard that other sexualities are compared with, and possibly defined as 'deviant' or less of value. For example, on the case of the same feminine-appearing client, a social worker could automatically make the heteronormative assumption that the client's spouse is a man. (Kurri, 1997; Myers & Milner, 2007; Sassi & Nissinen, 2020, p. 122.)

Normative approaches to sexuality are not only linked to gender and sexual orientation, but they can also be applied to features such as class, skin color, religion, or ability/disability. They are often based on generalized ideas about different groups, and the sexual needs or behaviors of these groups. For example, the sexualities of people with disabilities are often disregarded in professional encounters because people with disabilities are not considered as sexual beings. Treating the client from these kinds of perspectives can be a cause of substantial distress to them. Questions of sexuality are often a very sensitive topic to clients, and people who do not fit the societally and culturally formed norms are already in a vulnerable position. They may face oppression and discrimination and they may be lacking support from their environment and the society, which can cause difficulties in building a healthy self-image and forming meaningful relationships. (Kurri, 1997, p. 48–49; Myers & Milner, 2007; Sassi & Nissinen, 2020.) Myers and Milner (2007) state that when a generalizing assumption about a person's sexuality is made, "a person's individuality is lost within the expectations of this label. Such categorizations tend to subsume the person with an identity that is often not their own making, nor one they may wish to own." (p. 32). The professional's unthoughtful assumptions can thus take away the already limited power the client has for self-definition and push them even deeper into the marginal. These kinds of experiences can contribute to a variety of negative consequences in the client's lives, such as depression, self-harm behavior and substance abuse issues. (Blomqvist et al., 2020; Lehmiller, 2018, p. 163–166; Kurri, 1997, p. 58; Sassi & Nissinen, 2020, p. 121–122; Zucker, Lawrence & Kreukels, 2016.)

For these reasons, it is vitally important that we acknowledge and explore the ways social workers (and other professionals) consciously or unconsciously use and reinforce these discourses and practices. The ways we talk, or do not talk about sexuality call for professional self-reflection. In order to commit to ethically sustainable practice, it is extremely important to

reflect on and deconstruct one's own thoughts and values, and to consider how they have been formed and what they are based on. It is also necessary to reflect on the consequences of our expressions and wordings as professionals, as well our silence, to clients who are in a vulnerable position. Sex and sexuality are such sensitive topics that even neutral words can bear multiple hidden nuances within them. Even well-meaning help and advice can make the client feel even worse if they stem from non-reflective assumptions. Hence, we need both reflective practice and a terminology that is inclusive and respectful to the whole spectrum of identities and experiences around sexuality. This has substantial meaning in creating an affirmative and accepting way of encountering sexuality. (Blomqvist et al., 2020; Brandon-Friedman, 2017; Dodd, 2020; Kurri, 1997; Myers & Milner, 2007; Williams et al., 2016.) These suggestions are in accordance with *sex-positivity*, a concept and an approach to sexuality I will present next.

2.4 Change in Discourse: Sex-positivity

In current social work literature on sexuality, there is a consensus about two facts regarding sexuality as social work content: firstly, sexuality has not been a visible topic until recent years. Secondly, the visibility that sexuality has received in research and professional practice, has mainly been focused on risk, danger and pathology. (Dodd, 2020; Dodd & Tolman, 2017; Dunk, 2007; Holmberg, 2017; McCave et al., 2014; Williams et al., 2016). In other words work has traditionally either avoided the subject, or focused on risks and possible harms linked to sexuality. Many sexuality-related perspectives in social work have concentrated on sexual minorities and the problems they face because of their identity, or on themes like sexual abuse, unplanned teen pregnancies or sexually transmitted diseases. (Myers & Milner, 2007.)

Against these risk and problem perspectives comes the term of *sex-positivity*, an approach to sexuality that emphasizes sexuality as a positive resource for well-being in our everyday lives. (Dodd 2007; Dodd, 2020; Williams, Prior & Wagner., 2013.) Sex-positivity (or positive sexuality, healthy sexuality, or sexual well-being) does not have a single conceptual definition that would be agreed upon, but even though the term might be understood as diffuse or imprecise, it can also be seen to have many dimensions that are meaningful to social work practice and improving overall well-being and human rights. (Dodd, & Tolman, 2017; Ivanski & Kohut, 2017.) Here, I will present some perspectives and definitions to sex-positivity that are relevant for this study.

Historically, sex-positivity is not a new term, but it has reached its status as a part of mainstream discussions around sexuality during the last decade or so (Ivanski & Kohut, 2017, p. 216). Sex-positivity has its roots in the 1960's and 1970's feminist movements, and the work of Vern Bullough. In their conceptualization of the history of sexual variation in 1976, Bullough stated

that societies are either sex-positive or sex-negative. Sex-negativity presents restrictive attitudes and prejudice towards many sexual practices, and sex and sexuality are framed as risky and problematic topics. (Ivanski & Kohut, 2017, p. 216; Williams et al. 2016; Williams et al., 2013, p. 273.) From this perspective, the 'traditional' approaches to sexuality within social work, such as the ones presented in the previous paragraph, can be defined as sex-negative.

Sex-positivity, in its turn, recognizes and values the diversity and uniqueness in both cultural and individual practices, meanings, and preferences around sexuality. Sex-positivity does not simply mean promoting sexual behavior and telling everyone that they should buy more sex toys or engage in different sexual acts. Rather, it means acceptance for a "wide range of sexual expression" (Williams et al., 2013, p. 273) regardless of sexual or gender identities, presentations, or behaviors, simultaneously taking into account accessible health care and sexual education. (Ivanski & Kohut, 2017; Williams et al., 2013.) According to Ivanski and Kohut (2017), sex positivity can be seen as "an ideology that promotes, with respect to gender and sexuality, being open-minded, non-judgemental and respectful of personal autonomy, given that there is consent." (223). Dodd (2020, p. 1–6) sees that a sex-positive approach is about highlighting the aspects of pleasure, intimacy, arousal, sexual health, excitement and joy when it comes to sexuality. Strengths-based perspectives are also seen to connect to sex-positivity: it promotes people's agency in sexual decision-making and empowering their ability to advance their own happiness and well-being through their sexual values and experiences as a strength and a resource. Furthermore, sex-positivity is also an approach that counteracts taboos, silence and judgmental discourses around sexuality, and treats sexuality as a human right. (Dodd, 2020, p. 1–6; Williams et al., 2016.)

As already mentioned, a sex-positive perspective is not about simply saying that 'sex is good', nor does it accept or try to minimize the risks, problems, oppression, violence connected to sexuality. As Williams et al. (2013) have stated, "because sex positivity encourages discussion and critical exploration of sexuality and sexual practices, it can be helpful in addressing myths and moral panics concerning sexual offending issues." (275). In other words, sex-positivity provides a useful perspective into both examining and preventing sexuality-related problems, such as sexual abuse. To illustrate this, it can be argued that children who have been educated about their own boundaries and encouraged not to fear to talk about sex are more likely to report sexual offences if they experience them. (Williams et al., 2013.) Another example can be found in the field of social work research. There is evidence that inclusive measures about sexual orientation that do not rely on classifications such as homosexual-heterosexual, but allow participants to identify themselves more freely, can actually improve the possibilities of social

work research to recognize and understand the oppression faced by sexual minorities (Bragg, 2020).

A functional summary of definitions of sex-positivity is presented in the results of the thematic analysis on sex-positivity by Ivanski and Kohut (2017): they found that common denominators for most definitions of sex-positivity are autonomy, health and safety, acceptance, consent, and sex education. These are aspects that can be seen as important to anyone in their everyday lives, and not just the limited populations of minorities or people experiencing sexuality-related problems that social work has traditionally been focused on. Treating sexuality from a perspective of positivity and inclusion is also in accordance with the values and ethics of social work as a profession. (McCave et al., 2014; Dodd & Tolman, 2017; Dunk, 2007) In the next chapter, I will proceed to present these perspectives more thoroughly in the context of social work practice and education.

3. Sexuality and social work practice

In the Finnish context, the basic foundations of good-quality sexual health services are equal availability and accessibility of the services, sexual counseling and sexual therapy, sexual education, counseling and guidance that promotes sexual health, and development and support of the skills and knowledge of social and health care personnel. (Kero & Merta, 2020, p. 731.) The significance of sexual health to wellbeing and public health has been acknowledged in Finland for several decades. Finland was the first European country to have its own national program for promoting sexual health systematically in the Finnish population in 2007. The program was updated in 2014, and its main areas of focus were strengthening role of municipalities and social and health care districts in organizing sexual health services, prevention of female genital mutilation, strengthening the right to sexual education as a human right, male sexual health, good childbirth care, multiculturalism and development of services for sexual assault victims. (Klemetti & Raussi-Lehto, 2013; Kero & Merta, 2020; Sinisaari-Eskelinen, Jouhki, Tervo & Väisälä, 2016.)

These services and the national program are the supposed context for social work and sexuality-related themes. Unfortunately, even though the program addresses the entity of both social and health services, the main focus is in the organization and development of health services. Social work is mostly mentioned vaguely as a collaboration partner to different health services, such as prenatal care [äitiysneuvola] and family planning care [ehkäisy -ja lisääntymisterveysneuvonta], with no specifications on the role and tasks of social work in these areas. Child welfare services is one of the only areas of social work that is mentioned specifically,

and it is approached only from the point of view of preventing and investigating sexual abuse and other violence and neglect-related issues with children and families. (Klemetti & Raussi-Lehto, 2013; Kero & Merta, 2020, p. 734.) So, even though sexual health and sexuality-related issues are acknowledged on a national level in Finland, the role of social work in sexual health services remains quite unspecified.

One of the most central tools and skills for working with sexuality in social and health care services is bringing the topic up, preferably systematically with all clients. Bringing sexuality up means for example asking questions from the client that can be relevant to their sexuality and current life situation, and providing guidance and education to them on the topic. (Bildjuschkin & Ruuhilahti, 2010; Sinisaari-Eskelinen et al., 2016, p. 287). Important factors that affect the abilities and possibilities of social workers to work with sexuality are such as their values, thoughts, attitudes, interests and skills with working with sexuality. The structures of social work education and curricula, as well as organizational practices and resources are also the key elements of social work with sexuality. In this chapter, my purpose is to present different perspectives to social work practice with sexuality-related topics. I will first introduce some international research on the topic, and then some suggestions for integrating sex-positive approaches to social work. Lastly, I will provide examples of models for addressing sexuality in the client encounters of practical work.

3.1 Previous research

Even though sexuality has not received very much attention outside the risks, problems and limited populations perspectives in social work research, there is a growing interest towards the subject from more positive and well-being-centered angles. Social work scholars have become interested in the overall role of sexuality in social work education and practice. The existing scholarship has focused on the attitudes, beliefs, knowledge and perceived competence among social workers and social work students around the topic of sexuality.

A common result in different studies has been that social workers and social work students feel that sexuality and sexual health are important topics for social work, but that there is a severe lack of sufficient training on the subject in social work education. (Areskoug-Josefsson et al., 2019; Hall et al., 2017; Lavie-Ajayi, 2020; Neocleous & Apostolou, 2017; Ramseyer-Winter et al., 2016; Schaub et al., 2016.) It seems that the common consensus on the field of social work is that sexuality-related themes from a non-normative perspective should be more included in social work training, but for some reason this consensus has not transformed to action, and

sexuality-related themes are still rather invisible in social work curricula. (Giertsen, 2019; Morton, Jeyasingham & Hicks, 2013.) An interesting fact is that this is by no means a new notion. Abramowitz (1971) found already in the 1970's that social work students have limited knowledge on sexual issues despite the perceived importance of the subject and a desire to learn more on it. It could be stated that since we already know how the situation is with current social work education, something else might be needed than just more knowledge on how social workers have experienced the support for working with sexuality from their basic training. Nevertheless, this study contributes to the discussion at least by bringing visible the experiences and needs of Finnish social workers regarding social work education and sexuality.

The lack of training can be seen as a problem for social work's interests, because even if social workers would acknowledge sexuality as an important topic, the lack of knowledge and skills from formal training is a barrier for them to provide adequate help for the client. An example of this came up in the survey conducted by Neocleous and Apostolou (2017) among Cypriot social workers and social work students about their views on human sexuality. Neocleous and Apostolou concluded that the knowledge of social work students and professionals is limited, because their results indicated a lack of specialized training on central sexuality-related issues, even though the majority of the respondents saw sexuality as an important theme for social work. The respondents' knowledge was originated from unofficial sources, such as internet and magazines, and not from professional training and scientific knowledge. (Neocleous & Apostolou, 2017.)

The lack of knowledge and training around sexuality was also the root of feelings of discomfort and embarrassment and frustration in social work students. This can also act as a barrier for approaching any sexuality-related topics and providing appropriate help for the clients. Swedish students in Areskoug-Josefsson et al.'s survey (2019) expressed feeling uncomfortable and insufficiently prepared to deal with sexual health-related issues with the thought of their future profession, even though they felt that sexuality is very relevant to social work. Especially the thought of discussions about specific sexual activities were experienced to be uncomfortable. Also, the Israeli students interviewed by Lavie-Ajayi (2020) expressed embarrassment and discomfort with working with sexuality-related themes because of the taboo-loaded nature of the topic. The students also reported feelings of helplessness and anxiousness before the theme of sexuality because of their novice status in the profession. Some even expressed frustration towards the insufficient support they received from their training to deal with the subject. (Lavie-Ajayi, 2020.) Areskoug-Josefsson et al. (2019) concluded that social work students are insufficiently prepared to address sexuality-related issues and that social work education should

incorporate more sexual health-related themes so that the students would actually graduate with sufficient knowledge and abilities to meet the clients' needs.

Not surprisingly, many studies have shown evidence that those social workers and social work students that, in their turn, *do* have knowledge and experience around sexuality-related topics are more benign to also be interested in the subject and to consider it an important dimension of social work. Knowledge and prior experience with sexuality-related topics also predicted more permissive attitudes towards sexuality in general. Ramseyer-Winter et al. (2016) found that there was a connection between U.S. social work students having been exposed to STI and contraception-related themes in their practical training, and them seeing sexual health as a relevant theme to social work. Gewirtz-Meydan, Even-Zohar and Fisch's (2017) main discovery with their questionnaire with Israeli social work students about attitudes towards sexuality in later life was that knowledge about sexuality in later life correlated with attitudes towards it. Students who were in the beginning of their studies displayed least knowledge and most conservative attitudes towards older adults' sexual behavior. (Gewirtz-Meydan et al., 2017.) All in all, exploring and exhibiting social workers' emotions, attitudes and preparedness towards working with sexuality (as well as the relationships and causalities between those factors) is an important source of knowledge for building social work's expertise.

Hall et al. (2017) and Schaub et al. (2016) have also found a positive connection between personal interest, perceived competence, and the experienced comfort as well as expression of permissive attitudes with working with sexuality-related topics among social workers. Hall et al. (2017, p. 8) found that the more interested, comfortable, and confident the workers felt with their knowledge and abilities on sexuality-related issues, the more probably they actually worked with sexuality-related topics. Schaub et al. (2016) conducted an online survey about U.K. social workers' beliefs and values about sexuality in their everyday professional practice. Their results indicated that social workers do not generally display restrictive or normative attitudes about sexual behavior and gender representation, but there was a connection between having religious beliefs and heteronormative, more conservative beliefs about sexuality. The connection of religious beliefs, politically conservative values and less permissive attitudes towards sexuality was also found in other studies as well (Gewirtz-Meydan et al., 2017; Ramseyer-Winter et al., 2016). The impact of conservative and religious culture towards the overall attitudes towards sexuality were discussed as a need for further research in the form of comparisons between different states and cultures, and how these environments affect the attitudes and work possibilities of social workers with the theme of sexuality. (Gewirtz-Meydan et al., 2017; Neocleous & Apostolou, 2017; Ramseyer-Winter et al., 2016). By studying these

themes in a Finnish context, I am aiming to participate in building the basis for a wider understanding of the meaning of national context and culture on social workers' views on working with sexuality.

Schaub et al. (2016) concluded among other things, that religious beliefs may cause struggles for some social workers to work with the theme of sexuality, since the workers might feel conflicted between their personal values and situations they encounter in their professional role. Other barriers to working with sexuality, that Schaub et al. (2016) considered were lack of knowledge and training and fear of stigmatization from colleagues. These knowledge -and organization- related themes were also present in the survey study of Hall et al. (2017) on Swedish social workers' opportunities to work with safer sex. The main factors that had a direct effect on work with sexuality were having the chance to set time aside to work with safer sex, experiencing that the topic is discussed in the workplace, and having a personal interest in working with it. In addition to the meaning of personal interest, these results show the significance of organizational resources, such as a clear mandate from the employer to work with sexuality and acknowledging and addressing the topic in the workplace, to social work's opportunities to work with the topic. (Hall et al., 2017, p. 9.)

Of all the studies presented here, special attention could be given to the study of Lavie-Ajayi (2020) as it had a very similar design to this study. Israeli social work students were interviewed about the ways in which sexuality-related themes emerge in their practical training with clients. Themes that the interviewees had experiences with were: sexual identity and sexual self in everyday life; sexual assault; sexual feelings in the therapeutic relationship; sexual education or information; and sexual harassment. Lavie-Ajayi also examined the subjective experiences of the students in their practical training. These experiences formed themes such as: embarrassment and discomfort (because of the taboo-nature of sexuality) helplessness and anxiousness (because of their novice status); anger and pain (in relation to sexual abuse), frustration (because of the lack of support and skills received from education); desire to explore (desire to learn more about sexuality despite possible own discomfort with the subject); and disgust (moral disgust with sexual actions that the participants found immoral, such as infidelity; and struggles to discuss the sexuality of groups whose sexuality is denied in the society, such as the disabled). (Lavie-Ajayi 2020.)

Lavie-Ajayi (2020, p. 11–13) discussed the data by making the interpretation that there is a need for reflection among social workers that covers both the professional and the personal scopes of their attitudes and beliefs around sexuality, including their perceptions about their own

identities and sexualities. Lavie-Ajayi (2020) argues that this need stems from the fact that professional discussions about sexuality are never just professional, but also always personal, physical and social. The presence of these aspects can make conversations about sexuality complicated, even for experienced professionals. Not having enough training on the topic of sexuality also exposes social workers themselves to experiences that can trigger strong emotions and uncomfortable situations, when they do not have the necessary skills to deal with these emotions accordingly. (Lavie-Ajayi, 2020.)

Similar types of interpretations could be made from the discussion by Schaub et al. (2016, p. 439–442). According to their results, social workers experienced that their clients' sexualities were an easier topic to handle than the idea of bringing the worker's own experiences or sexual orientation into the discussion: "It may be more comfortable for social workers to work with and view clients' sexual histories and diverse needs as separate to self." (Schaub et al. 2016, p. 440.) Furthermore, Schaub et al. (2016) state that more research is needed on the relationship between societal values and their impact on professional practice, as well as the relationship between social worker's personal versus professional values and identities. Even though the qualitative nature of my study does not allow straight comparisons or exploring causalities, it can complement further research needs by producing advanced information on just those aspects Schaub et al. (2016) mention.

3.2 Sex-positive frameworks for social work

As has been stated, central themes for sex-positivity are aspects such as autonomy, health and safety, acceptance, consent, and sex education (Ivanski & Kohut, 2017). But what do these aspects mean in the context of social work, then? In their new textbook on the subject, Dodd (2020) states that sex-positive social work embraces the subject of sexuality instead of avoiding it and engages to conversations about sexuality with clients and encourages them to explore and reflect their sexual selves. Dodd also sees sex-positivity as an effective source of professional self-reflection and growth. Dodd states that sex-positivity is in accordance with social work's ethical principles and it should be included and recognized all over in social work practice, from initial assessment to ongoing client processes.

For example, Dodd and Tolman (2017) and Williams et al. (2016) have presented frameworks for the inclusion of a sex-positive approach to social work. Dodd and Tolman (2017) present that sex-positivity could be integrated to social work through social work education and curriculum, professional practice, and macro level. This means measures such as introducing sex-positive case examples and practicing sex-positive questionnaires in education, engaging to sex-positive

questions and conversations with clients in the work field, and generally acknowledging sexuality as an important dimension of individuals and communities and advocating for this acknowledgement. (Dodd & Tolman, 2017.)

The framework of Williams et al. (2016), in its turn, has eight dimensions: (a) sexuality from a strengths-perspective; (b) recognizing sexuality as a multifaceted, unique and individual aspect of every human; (c) embracing multiple disciplines and methodologies; (d) reflecting on positive sexuality in professional ethics; (e) open and honest communication; (f) humanizing through positive sexuality; (g) encouragement of peacemaking through positive sexuality; and (h) recognizing the relevance of positive sexuality across micro, mezzo, and macro levels. As can be seen from the labels on the different dimensions, many of them have content that has already been presented about sex-positivity. Important points on the framework that can be highlighted here are for example dimension (c): taking sex-positivity into account in research and striving for a variety of voices being empowered and heard. Other dimensions worth of highlighting are (e) open and honest communication; and (f) humanizing through positive sexuality. These dimensions mean that authenticity, honesty and inclusive language use create the foundation for an open and trusting client relationship, and an atmosphere that is safe, affirmative and respectful towards discussing sexuality related topics.

Both Dodd and Tolman's (2017) and Williams et al's (2016) frameworks underline that social work has the ethical obligation to commit to sex-positivity, and that through sex-positivity social work has the opportunity to reduce prejudice, stigma and discrimination through all the levels of society. Social work could contribute to sociosexual issues that affect as well as individuals as families and communities: sexual violence treatment and prevention; sex trafficking, insufficient sex education in schools; sexual dysfunctions; and marginalization and discrimination faced by sexual and gender minorities. This can happen through dialogue and consciousness at family and group level, organizing educational workshops in the community; creating more inclusive services; working with institutions and organizations to reduce prejudice; stigma and discrimination; working towards more sex positive sexual education that promote pleasure, setting boundaries, safety and responsibility; and contributing to policy making (such as about education resources, representation of marginalized communities, decriminalizing sex work, efficiently counteracting sex trafficking). (Dodd, 2020; Dodd & Tolman, 2017; Williams et al., 2016.)

An important aspect to be noted when discussing these frameworks is that they do not try to disregard the risks, harms, and violence that may be connected to sexuality. Rather, they aim to

balance the discussion. It goes without saying that the problems related to sexuality need their attention, but these perspectives also need to be enriched with more positive and holistic approaches. (Dodd & Tolman, 2017.) The strengths perspective that is incorporated in sex-positivity recognizes the value of experiences and perceptions where sexuality is an uninteresting, uncomfortable or even a traumatic topic. In a way, sex-positivity can indeed be seen to represent a position of privilege; it is easy to approach sexuality positively if one never has experienced anything negative and harmful connected to it. The strengths-perspective complements this deficiency, since it encourages workers to meet and address their client's needs through wherever the clients are in their relationship with their sexuality, and encourage them to navigate through risks while embracing positive approaches to support that. Social workers need to constantly engage in self-reflection and awareness of how their client's experiences are shaped and how the workers themselves may operate with power over their clients when discussing the client's sexuality. (Dodd & Tolman, 2017; Williams et al., 2016.)

3.3 Examples of work models for addressing sexuality

There is myriad of different models to address the topic of sexuality in clinical client work. But, as those models mostly have their background in health care and sexology, no straight adaptations nor much research on them in a social work context exist. Generally, one could state that such individual models can be integrated as parts of a wider range of social work's methods of intervention and theory base. Models for addressing sexuality can be seen to have common points with social work's basic skills and approaches, such as open communication and interaction with the client; guidance and counseling; psychosocial approaches that aim to understand the client's experiences and feelings; or task-focused interventions that are centered around solving problems according to the client's needs. (Coulshed & Orme, 2006; Karvinen, 1996a.) To illustrate the recommendations and improvements suggested in the frameworks and previous research that have been handled in previous sections, I will present some examples of how taking up the topic of sexuality can look like in practice.

FIHW's guidelines

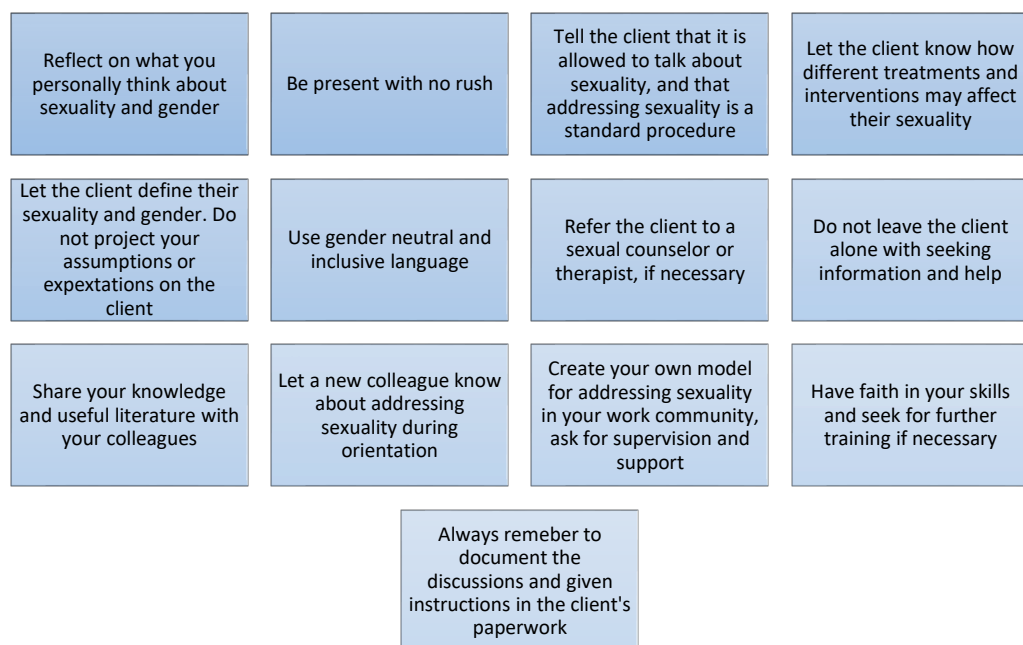
The Finnish institute for health and welfare [Terveyden ja hyvinvoinnin laitos – THL] (FIHW) is one of the most prestigious research institutes in the field of health and welfare studies in Finland. FIHW is also a provider of a wide range of information and work models for practical work within the field of social and health care, including sexual health. FIHW (2020d) provides a listing online of general guidelines to addressing sexuality in professional contexts. According to FIHW, it should be possible to bring up the topic of sexuality in all kinds of client encounters, and that the worker's personal values or attitudes should not be in the way of addressing the

topic. Sexuality should always be addressed with a professional approach that is instructed by ethical guidelines. There should also be a shared understanding between the worker and the client about the terminology that is used in the discussions. (FIHW, 2020d.)

All in all, many of the guidelines can be directly transferred to social work practice, as they are based on low-threshold communicational and psychosocial support skills, such as mindful language, seeking understanding for the client's unique situation, and professional self-reflection. The guidelines also provide low-threshold, practical advice for integrating sexuality as a part of social work's expertise and work environments. Below, I have assembled a visual presentation on the guidelines listed on the website of FIHW (Figure 1).

Figure 1

Practical guidelines for addressing sexuality (FIHW, 2020d)



The PLISSIT model

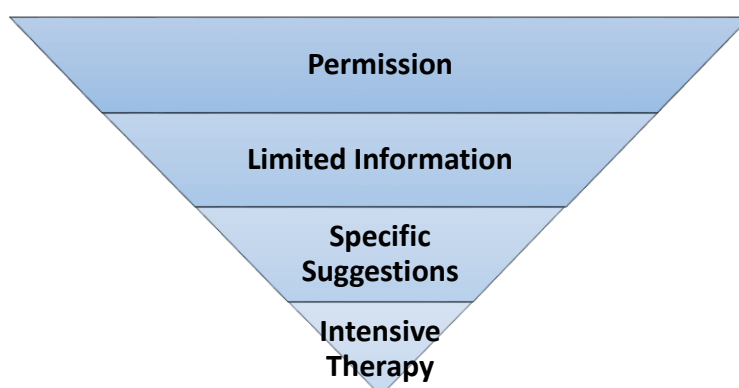
One of the most central models for addressing sexuality in a professional context is PLISSIT. The title of the model, created by Jack Annon in 1976, stands for an acronym of different levels of talking about sexuality: Permission, Limited Information, Specific Suggestions and Intensive Therapy (Figure 2). The levels move from the lightest way of talking about sexuality to deep interaction about the topic, requiring different levels of expertise from the worker. The simplest way of embracing sexuality, Permission, is letting the client know that talking about sexuality is allowed and normal. Permission is a level of helping that most clients benefit from: they are being informed that it is allowed to be interested in sexuality-related topics, seek information and want to have access to consensual sexual pleasure, regardless of possible illness or other special circumstances. Giving the permission can happen in many ways, implicitly creating an atmosphere in which the client can feel safe to address their concerns, or explicitly by asking direct, gender neutral and factual questions about the client's sexuality.

Most importantly, a positive attitude towards sexuality and neutral views about sexual orientations is required from the worker. Sexuality is handled as a part of everyday life, parallelly with themes like nutrition, physical health or income. (Bildjuschkin & Ruuhilahti, 2010, p. 94–101; Brusila, 2020, p. 619–620; Sinisaari-Eskelinen et al., 2016; Vuola, 2003.)

The next level following Permission is Limited information. This means normalizing the client's concerns or issues with sexuality by providing information on the prevalence of the phenomena in question, and how common it is to have. It can also be about common misconceptions with the help of factual, positive information, since misconceptions tend to hinder possibilities to sexual pleasure.

Figure 2

The PLISSIT model (according to Brusila, 2020d, p. 620.)



Permission and Limited Information are considered as sexual guidance and they could be applied as they are in social work's everyday encounters. Even though there is limited amount of research on applying PLISSIT to social work practice, a meta-analysis on PLISSIT in health care context has provided positive results on the efficacy and speculates that there are good possibilities for applications to social work (Bennett, 2019).

Of the following levels, Specific Suggestions requires more refined expertise on the subject, like advice from a medical doctor or a person with the training of a sexual counselor. Providing Intensive Therapy is the most in-depth level, and obviously requires the most skills and training from the worker, like the qualification of a psychotherapist or a sexual therapist. The two latter levels become necessary only with a limited number of clients, such as people who have experienced a sexual trauma or suffer from a psychiatric disorder. (Bildjuschkin & Ruuhilahti, 2010, p. 94–101; Brusila, 2020d, p. 619–620; Sinisaari-Eskelinen et al., 2016; Vuola, 2003.) Social workers have the possibility to apply these levels of the PLISSIT model by acquiring further qualifications. A degree in social work provides a functional base for qualifying in, for example, sexual counseling, sexual therapy, or family and couples therapy.

The BETTER model

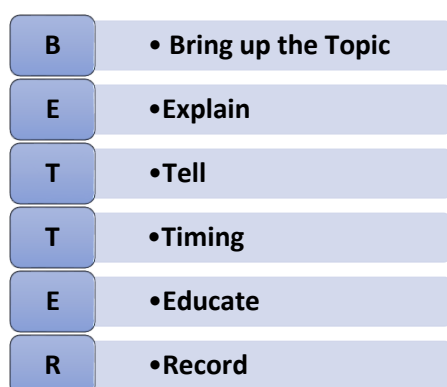
The BETTER model (Figure 3) has been created by JoAnn Mick, Mart Hughes and Marlene Cohen in 2004. (Bildjuschkin & Ruuhilahti, 2010, p. 100.) The model was initially created as a support tool for nurses working with cancer patients, but it can be applied to any clients that have received a diagnosis or have a need for support in sexuality-related matters. While PLISSIT is a model that outlines different levels of support and guidance that can be provided in a clinical context, BETTER provides a detailed structure for discussing sexuality in the client situation itself. According to BETTER, sexuality-related topics should be brought up and made visible with the client in a way that takes into account their unique life situation and factors like their age, developmental stage, and learning abilities. (Bildjuschkin & Ruuhilahti, 2010, p. 100–102 Sinisaari-Eskelinen et al., 2016, p. 289–290.) Because BETTER is such a detailed and structured model for a client encounter, it can be seen that it could be integrated, as it is, to social work in different settings, for example as a as a dimension of initial assessment.

The first stage of BETTER is Bringing up the topic, which requires creating a supportive and safe atmosphere for discussion. An aid to creating the atmosphere can be for example to have posters and brochures and other visual signs at the office. Sexuality should be brought up from perspectives that are meaningful and relevant to the client and their current situation. In the second stage, Explaining, the client is told about the importance of sexuality to well-being, and

about things that can affect sexuality. The worker lets the client know that their concerns will be taken into account during the work process. The third stage is about discussing the sexuality-related topics that are relevant in their life. The client's concerns can be normalized by telling that they are not alone, and that there is support available. The fourth stage means thinking carefully about Timing: what is the client prepared to deal with and when? The client should not be coerced to talk about sexuality, but the worker should not avoid the topic because of their own assumptions neither. Here, as well as anywhere else when talking about sexuality, open and honest communication is the key. The fifth stage, Education, means that every encounter with the client is a chance to share accurate and relevant information with them. This stage also includes the education of the worker: they should study the topic of sexuality and strive for integrating sexuality and sexual health-related themes in their workplace and organization. The last stage, Record, means documenting what themes were covered in the discussion; what responses and wishes the client presented; and what was agreed upon. Sexuality should be made a visible theme in the documentation and planning of the client process, even if it is not included in the documentation forms. (Bildjuschkin & Ruuhilahti, 2010, p. 100–102 Sinisaari-Eskelinen et al., 2016, p. 289–290.)

Figure 3

BETTER model (According to Sinisaari-Eskelinen et al., 2016, p. 289)



4. Study conduct

In this study I am exploring the relationship between social work and sexuality and sexual health by studying social workers' experiences about working with sexuality-related issues. Additionally, I am interested in their perceptions about the role and place of sexuality as content for social work. My goal with this study is to scan and bring visible the meaning of everyday sexuality and sexual health to social work. The focus of this study is on practical client work, with implications to structural perspectives since I have also charted social workers' thoughts about sexuality in social work in general, and not just in their clinical practice.

As I have established in the former chapters, it is evident that sexuality and sexual health have a dual role when it comes to their status in social work literature and practice: first, they are overlooked, and second, they hold great potential. I chose this subject and this aim for this study, because there are possibilities for social work to improve sexual health with integrating sex-positive approaches to the profession, both on a population level and from the point of view of individual clients. It is necessary to chart the topic more closely and make a contribution to alleviate the stigma around sexuality-related topics and to increase social work's possibilities to address its clients' needs and rights. To approach this aim I have formed a following research question, with three subquestions:

How is sexuality present and seen in social work?

- *What kind of experiences social workers have about sexuality-related topics in their work?*
- *How do social workers work with sexuality-related topics?*
- *What kind of perceptions social workers have about the relevance of sexuality and sexual health to social work?*

4.1 Qualitative methodology

To approach my research questions, I have applied a qualitative research methodology. The main focus of qualitative methodology lies in the idea of acquiring knowledge through learning and forming deepening understandings about subjective, humane experiences of different phenomena. Qualitative methodology is particularly applicable when the research questions need to be answered with profound and detailed descriptions instead of frequencies or causalities, and when the research topic is uncharted. This kind of approach serves the aim of my study to capture aspects of sexuality; an intimate and complex phenomenon; and also to social work as a field itself, because social work often handles themes that still need more deepening understanding about them. (Nygren, 2009; Silverman, 2010.)

The term 'qualitative research' bears diverse meanings and cannot be defined as just one certain research strategy. Rather, it is a comprehensive term that refers to different methodological and philosophical approaches to knowledge and research (Eskola & Suoranta, 1998; Hirsjärvi & Hurme 2010, 21-22; Silverman, 2010; Tuomi & Sarajärvi, 2018; p. 10-17). One perspective to look at, and define, qualitative research is through the tradition of phenomenological hermeneutics, where I have located this study and its view on gathering and forming knowledge.

Phenomenological hermeneutics is particularly interested in understandings, interpretations and human experiences of the world. Hermeneutic philosophy highlights the researcher's role in the process of forming knowledge: in hermeneutics, it is the humane tendency to make interpretations of phenomena and give meanings to them that forms the basis to knowledge. (Tuomi & Sarajärvi, 2018). In other words, the qualitative methodology I am applying revolves around the interpretations and conceptualizations I make of my data as a researcher. Phenomenology leans on the notion that knowledge about a phenomenon is best acquired by entering the perception world of people who have experiences of the phenomenon. A phenomenological approach means that the researcher makes an effort to disengage from their own preconceptions and focus fully on how people experience, live through, and display the subject of the research, in order to have genuine knowledge about it. (Creswell, 1998, p. 31–32.) In this study, I am applying a loose adaptation of phenomenology. I am striving for attaining an understanding of sexuality in social work by asking social workers about their experiences in their subjective realities and the meanings they give to these experiences.

4.2 Qualitative interview material

Research that is based on phenomenological philosophy also builds on the notion that those meanings and the realities we live in are created socially; together with people around us. It leans towards the understanding that, as the realities we live in are socially constructed, there is not just one reality for all. Instead, there are multiple, subjective realities that build on the individual interpretations and meanings that we have learned and created in our social contexts. (Hirsjärvi & Hurme 2010, p. 16-19; Latvala & Vanhanen-Nuutinen, 2001; Tuomi & Sarajärvi, 2018, p. 30-32). According to Rubin and Rubin (1995), interviewing is a method that provides information about these social contexts: via interviews we can try to explain how meanings, processes and problems within socially shared realities, such as groups and cultures and communities, are developed and maintained.

I have made the attempt to gather information about the meanings that social workers give to their experiences about the presence and role of sexuality-related themes in social work via semi-structured interviews. A semi-structured interview, also called focused interview or theme interview, is not as free flowing as an open interview, but is still less bound to its structure than, for an example, a questionnaire. In a semi-structured interview, the research topic is approached through certain main themes that have been chosen beforehand. (Hirsjärvi & Hurme, 2010.)

To construct the interview form, I applied studies that had a similar design to what I had planned in my study. From Hall et al.'s questionnaire (2017), I applied the perspectives of knowledge and training, work experience and resources. To form questions about the beliefs and attitudes towards working with sexuality, I applied the studies by Petäjä (2010) about the experienced opportunities and restrictions among gynecological nurses to promote sexual health with patients, and by Schaub et al. (2017) about heteronormativity in social workers' attitudes. By hermeneutically drawing upon prior studies and my research questions (Eskola 2007, p. 39), I assembled an interview form (see Appendix A) that consisted of three main themes: *Experiences and perceptions about working with sexuality-related topics*, *Perceptions about the meaning of sexuality to social work*, and *Views on possible needs for further development*.

When conducting the interviews, I first provided each participant with a definition of sexuality in the context of this study, to make sure that the interview revolved around approximately same concept as the setup of this study. I then presented the themes to the participant and proceeded to guide the interview with questions related to the themes. In a semi-structured interview, all themes are covered with each informant, but the form and order of the questions may vary. The researcher can ask deepening questions or follow-up questions to clarify what the participant has meant or encourage them to share their experiences more. When studying a delicate topic, such as sexuality, a deeper interaction than a structured questionnaire provides the chance to reassure and motivate the participants to talk about the subject. This flexibility created more space for me to understand the individual perceptions of my interviewees. (Hirsjärvi & Hurme, 2010; Rubin & Rubin, 1995; Ruusuvaori & Tiittula, 2005, 11-13.)

An interview is a compatible method with the qualitative approach to an uncharted phenomenon (See Silverman, 2010). According to a listing by Hirsjärvi and Hurme (2010, p. 34), an interview is particularly applicable, when studying an unknown topic and the interview will most probably produce multi-faceted answers. In other words, sexuality-related themes are something that withholds innumerable dimensions, so it can be seen as a functional goal to

attempt to acquire understanding about these dimensions via interviews. Another reason for choosing an interview is the aim to see the participant as a subject. If the researcher wants to highlight the participants' role as active creators of meanings, they have to give the participant the chance to express themselves as freely as possible. (Hirsjärvi & Hurme, 2010, p.34; Rubin & Rubin, 1995.) This view links the usage of an interview to the overall phenomenological philosophy of qualitative research methodology on this study. I am studying the role and relevance of sexuality to social work, as seen by social workers, so by interviewing them I aim to also bring forth their active roles as informants.

Even though there are various arguments for choosing semi-structured interviewing for data collection, it is not unproblematic to attain information via interviews. While an interview is optimal for capturing complex issues, this complexity also makes it more challenging to analyze and report the data. Interviews are also seen to be susceptible to errors, which can stem from both the interviewer and the participants. For an example, the interviewer's own views can affect their statements and interpretations in the interview, and the norms of what is considered socially acceptable can affect the participants' answers. (Hirsjärvi & Hurme, 2010, p.34-37; Rubin & Rubin, 1995, p. 12-14). Different biases and assumptions can lead to false conclusions and compromise the reliability and ethical sustainability of the whole study. Therefore, it is extremely important to reflect on the impact of the interviewer to the answers of the informant. Ruusuvuori and Tiittula (2005, p. 11-13) observe that language creates reality and thus the researcher has an impact on how the reality is interpreted already when they are forming the interview's questions. The effect of the interviewer can never be fully controlled, but on the other hand, it may also be worth of taken into consideration that an interview is a situation where both parties contribute to producing information.

Although, Rubin and Rubin (1995, p. 12-14) also state that neutrality is not the most important goal in qualitative interviewing. Instead, the researcher needs to invest themselves emotionally in order to form a relationship with the interviewee, although not so much that it distorts the researcher from seeing all sides of the phenomenon they are trying to observe. An interview is a situation of social interaction as much as any other discussion, but what separates a casual conversation and an interview is that an interview is an intentional discussion initiated by the researcher and its purpose is to function as a tool for research and later analysis. (Hirsjärvi & Hurme, 2010, p. 41; Rubin & Rubin, 1995, p. 2.) All in all, this means that while I have been conducting research by using interviews, I have had to constantly balance between the strive for objective, representative knowledge, and the aim of using flexible methods to attain this knowledge.

My data collection process began with constructing the semi-structured interview template. Then, I chose to reach out for social workers to interview by using convenience sampling (Corbin & Strauss, 2008, p. 153): I reached out for any available persons willing to participate to my study by contacting my personal network of social workers and a closed Facebook-group for social workers and social work students. The Facebook-group has approximately 3000 members and it is administrated by and directed to Finnish social workers (Sosiaalityön uraverkosto, n.d.). The aim of the group is to mediate career-related discussion and networking, and in my previous experience it had also acted as a functional forum for social work students to recruit participants for their research. I published a letter (see Appendix B) in the group, inviting social workers to participate in my study. The letter also functioned as a medium for informed consent.

I decided not to require the potential participants to be certified social workers. It is common in Finland that, because of the deficit of qualified workforce, social work students lacking a degree can still operate as social workers for very long periods of time. Thus, even uncertified social workers can have a great amount of work experience. Since it is those work-related experiences I am interested in, demanding my informants to be formally qualified did not seem relevant to the aim of this study.

I began carrying out the interviews in March 2019. By May 2019, I had conducted interviews with 6 social workers. There came up no further enrollments for the study, so the six interviews became the final extent of my interview material. Five participants came in the study through my invitation on social media, and one participant came from my personal network. The participants had work experience with a broad variety of different kinds of client groups, such as children, youth and families, adults, and refugees and asylum seekers. Most of them had been working for approximately 10 years in the social work field. Experience length varied from two years to over twenty years. The interviews were individual interviews, and they were conducted either face-to-face in the participants' workplaces or homes, or via telephone and video call. The length per interview was 60 to 75 minutes. Transcribed, the interview material consisted of a total of 172 pages.

4.3 Analyzing the data: content analysis

There are numerous techniques to analyze qualitative data, and the choice of which of them to apply depends on the character of the research questions and the research material (Alasuutari, 2011, p. 62-68; Silverman, 2010). The aim of the qualitative approach in this study is to find common and distinctive factors from my interview material and thus clarify and bring out new

information about the theme of sexuality in social work. To reach this aim I have applied content analysis as my analysis method. Content analysis is a method designed to systematically explore the research material in order to detect similarities and differences and, by this systematical screening, to form a summarized description of the material by coding and clustering it. The main objective with this kind of summary is to bring out the essential features of the phenomenon in question, and to observe how different phenomena are linked to each other. (Schreier, 2012, p. 1-8.) In my study, therefore, the interest of the content analysis is to scan for the perceptions that social workers have about sex and sexuality in their work and social work in general.

The components of my analysis are directly derived from the research material. This means that I have not used any specific theory to build up my analysis or study conduct, but instead the analysis process happens in the terms of the research material. This kind of interpretative analysis links my analysis to the hermeneutic phenomenology as the basic epistemological principle of this study. The aim of the analysis is to form a theoretical understanding about the subject. This kind of approach is especially relevant when the research topic is so unknown that an understanding about the essence and nature of it is needed before any further research can be executed. (Eskola & Suoranta, 1998, p. 13-15; Tuomi & Sarajärvi, 2018, p. 80-81.)

Although, no researcher can ever fully resign from the influence of prior knowledge to their interpretations of the research material, so no observation can be seen as independent of the researcher's preconceptions of it. For an example, I applied different studies that had a similar conduct to mine, when forming the structure of my interview; and I have had my own theoretical interests that have steered me to choose exactly this topic for my research. This can be seen as a liability regarding the attempt to conduct the analysis in a material-driven manner, since the choices I have made in the data-collection have originated from previous research and thus have affected the direction of the analysis process. One way to control this liability is that the researcher must try to be as reflexive as possible to their own presumptions and the effect they have on the research process. (Eskola & Suoranta, 1998, p. 13-15; Ruusuvuori, Nikander & Hyvärinen, 2010, p. 15-16; Tuomi & Sarajärvi, 2018, p. 80-81.) While running my analysis, I have tried to remain as open as possible to the research material. However, in addition to trying to control the inherent problems of material-driven analysis, it has occurred to me that this kind of problematic is something that has to be accepted as a part of the nature of any qualitative research.

In order to be able to conduct content analysis, the first step was to transcribe my interview audio records to text. First and foremost, content analysis is most applicable to examining unstructured material based on communication of any kind (i. e. sounds-to-texts, printed matters or images). (Krippendorff, 2004; Latvala & Vanhanen-Nuutinen, 2001, p. 21; Tuomi & Sarajärvi, 2009, p. 93-108.) Since I am examining interview-based material, it can be constituted that in terms of the form of the material, content analysis is a suitable analysis method to apply. I transcribed the interviews so that they would document mainly the participants' verbal expressions, and some other reactions such as laughter or sighs in points where they were necessary for clarifying the context of what the participants were saying. I also transcribed my own speech, so that it would be easy to track the origin of the contents of the interview, and my influence on the interviews. The level of precision in transcribing is defined by the aim of the study and the research methodology used, and this was the level necessary to enable the analysis in my study. (Alasuutari, 2011, p. 65-67; Hirsjärvi & Hurme 2010, p. 138-141; Ruusuvuori, Nikander & Hyvärinen, 2010, p. 13-14.)

When I carried out my analysis, I followed the stages of analyzing interview material as described by Ruusuvuori, Nikander and Hyvärinen (2010, p. 12). The first phase is getting to know the material and organizing it and outlining it. In the next phase, the material is coded in order to detect central themes and phenomena that cover the research topic. Then the process continues to the analysis itself; comparing the detected themes and phenomena with each other and interpreting the observations made from the material.

According to Eskola and Suoranta (1998, p. 110), in qualitative analysis, it is vital to be familiar with one's data. I got acquainted to my interview material in the process of transcribing and then reading and rereading through it, with the aim to learn it and understand it. I placed open questions to the material in order to organize it to a more approachable form: what aspects can be found from this material that could be relevant to the aim of my research? With the help of my interview form and my research questions, and while remaining open to any other relevant aspects the material might represent outside my pre-interest, I intended to include all related content for future analysis and outline content that did not seem to answer the research questions. (Schreier, 2012.)

The following phase of the analysis was segmenting and coding it. The purpose of the coding process is to systematically screen and dissect the material according to the aim of the study. Coding requires choosing a unit of analysis, which means defining which sort of entities are being looked for in the material. (Ruusuvuori, Nikander & Hyvärinen, 2010, p.18-20). When forming a

frame for coding, I followed the guidelines of data-driven coding and analysis by Tuomi and Sarajärvi (2018, p.108-113) and Schreier (2012, p. 60-89; p. 107-111). My unit of analysis was thought entities (i.e. statements that are wider than just one sentence) that handled sexuality from the point of view of social work. I went systematically through each of the six interview transcripts and segmented every interview individually by listing the analysis units that carried similar content under same codes. This meant that by the time I had gone through all the six interviews, I had a list of 17 to 24 individual codes per interview. As the next step, I combined those individual codes to 19 final codes that covered all the interviews together. These codes are listed in the analysis matrix in Appendix C.

After forming the codes, I started moving progressively upwards in my analysis, clustering the codes to subcategories, which I created and named according to the individual elements of the codes. All in all, I formed six subcategories for the codes, which were named as follows: *Situations and contexts where sexuality comes up; Thoughts and feelings when sexuality is brought up; Methods; Experiences about personal competence in working with sexuality; Views on the role and place of sexuality in social work; and Views on the potential of working with sexuality to clinical social work.* As a guideline for forming the codes and the subcategories, and as the main categories of the analysis, I used my research questions. The main categories of the analysis were thus *Experiences of encountering sexuality; Ways of working with sexuality; and Perceptions about the meaning of sexuality to social work.* (See Appendix C.)

The whole procedure of examining the interviews individually included a constant process of comparing and aligning their coding frames and the contents of those coding frames with each other. This was not only to create categories of good quality, but to ensure consistency and thus the reliability of the analysis. (Schreier, 2012.) I also aimed to pay repeated attention to content that did not fit in the coding frame, and to the insight it could bring upon my analysis (Ruusuvuori, Nikander & Hyvärinen, 2010, p.24-25). The categorizations in the matrix (Appendix C) can be seen as a form of preliminary analysis, but they mainly are just names to different phenomena, and organizing the study material according to the frame cannot yet be seen as analyzing it. Even though the procedures of coding and analyzing can be seen as somewhat overlapping and parallel, this is a main liability of qualitative content analysis: there is the risk of remaining on the level of classification and not proceeding to the level of interpretation and conclusions (Tuomi & Sarajärvi, 2018, p. 103). According to Alasuutari (2011, p. 78-81), the categories are only guidelines to the analysis. Therefore, instead of acting as the analysis itself, the analysis matrix is an aid for capturing different aspects of social workers' experiences and

views on how sexuality is present in their work. I will present the full contents and further conclusions of the analysis process in the next chapter.

4.4 Reflections on ethical questions

As all research, this study is bound by the traditional principles of good quality research, such as independency, objectivity, reliability and transparency. However, simply following these guidelines does not yet guarantee a responsible and ethically sustainable conduct of research. Especially with sexuality being such a delicate topic, the need for comprehensive ethical reflection applies through the entire research process. Firstly, what needs to be taken into consideration, is the ethics of interest of knowledge, which covers the choice of the research topic, the theoretical connections, the outlining criteria, and the formulation of the research question(s). In the next phase, one must reflect on the ethics of acquirement of knowledge: the relationship and status between the researcher and the object of research, and the stages of collecting research material. The ethics around interpreting knowledge include questions about how the analysis on the material is being carried out, and what conclusions are made and presented of it. Finally, there are the aspects of publishing and utilizing the acquired knowledge, and the consequences and impact it might have on a larger, societal scale. (Hirsjärvi & Hurme 2010, p. 19-20; Pohjola 2007, p. 11-12.)

Qualitative research is most often interested in rather personal aspects of humanity. This places a special emphasis on the central ethical principles of research on human participants, which are informed consent and voluntary participation, confidentiality and privacy. Importance is placed also on the principle of not doing any harm to the informants with the research process. (Eskola & Suoranta, 1998; Latvala & Vanhanen-Nuutinen, 2001.) In this study, voluntary participation has been relatively evident because of the open invitation letter (see Appendix B). Although, as I also extended my recruitment of participants to my own social network, there is a risk that there has been some social pressure to become an interviewee. The participants were given the chance to drop out of the study in any phase of the interview, and also later decline the usage of their interview if they felt so, without any negative consequences. These are basic ethical recommendations for research that is conducted with human participants and can be seen as measures for minimizing the risk for involuntary participation to this study (Finnish National Board on Research Integrity [TENK], 2019).

As to confidentiality and privacy, or in other words, the protection of the anonymity of the participants so that they cannot be recognized in any part of the study, the effort in this study

has been dual. Firstly, I have committed to protecting the anonymity of the participants. Second, since telling about their experiences of working with sexuality happened largely through case examples, a major ethical interest in my study process has also been protecting the privacy of my informants' clients. Therefore, there was no collection of the participating social workers' such identifying information as name or age. I also erased from the interview transcripts any references to the participants' whereabouts, or names of units they have been working in to minimize the chance of them being recognizable from the material. What came to the case examples, I faded out any identifying details and treated them strictly on the level of general phenomena when coding and analyzing the interview material. (Hirsjärvi & Hurme, 2010, p. 19-20; Latvala & Vanhanen-Nuutinen, 2001; Pohjola, 2007, p. 19-21).

I ended up doing research on sexuality and sexual health, because I had come to the conclusion that they currently have little or no visibility in Finnish social work field, despite their potential and underlying meaningfulness to the profession. As I stated earlier in this chapter, one of my aims with this study has been contributing to a more open discussion about sexuality in social work context, and to alleviate the taboo -and problem-centered attitudes around it. Especially with such intimate and easily stereotyped topics as sex and sexuality, attitudes are often formed and maintained through language. For this reason, there has been a special need for reflection and sensitivity regarding vocabulary and language in all the phases of this study. (Pohjola, 2007.) While conducting and reporting my research, I have made the effort to commit to sensitive and inclusive language to avoid contributing to harmful and othering values and attitudes. The core value behind this research process has been to promote equality by not regarding aspects of sex and sexuality as deviations or problems, but as natural and ordinary parts of everyday human life. As a part of this commitment, I asked my participants about which English pronouns (she/her, they/them, he/him) they wish to be referred to with. A majority preferred the gender neutral they/them-pronoun. Later on, I made the decision to refer to all participants with they/them, partly because I saw it as an opportunity to promote gender neutral language, and partly in order to better protect the anonymity of my participants.

Another aspect that requires ethical concentration is the very nature of qualitative research. The understanding that reality is constructed through subjective interpretations not only enables research on understandings and meanings, but it also brings forth the role and power of the researcher conducting the research. The choices and interpretations I have made during the research process basically define how the study takes form, what kind of results are obtained and how they are described. (Latvala & Vanhanen-Nuutinen, 2001, p.36-39; Pohjola, 2007, p.22-23; Rubin & Rubin, 1995, 12-13.) My preconceptions of the subject of sexuality have guided me

when forming the setup of this study. For example, I presented every participant with a definition of sexuality and how it is understood through everyday life in this study. This has most definitely had an impact on the participants' responses and can be seen as compromising to the aim of acquiring knowledge of the social workers' genuine, subjective experiences. On the other hand, this sort of systematic approach can be seen as a control measure to improve the validity of my interviews: to make sure that the study uses a concept that reflects on the intended object of research. (Latvala & Vanhanen-Nuutinen, 2001, p. 36; Hirsjärvi & Hurme, 2010, p.184-190.)

My presence as a researcher in the interview situations can be seen as another feature of the influence of the researcher on the qualitative research process. As I already have mentioned earlier in this chapter, an interview is always a social interaction besides a means for acquiring information, and various errors can occur from this paradox. Because I interviewed social workers as a social work student, the interview situations became intermittently dialogic and even casual. This dynamic stems from the unavoidable fact that I, as a student with work experience from the field, partly represent the same reference group as the social workers who participated in my study. That contributed to an atmosphere of shared understanding and equal status, which in its turn lowered the threshold for informal interaction. This can be seen as not ideal regarding the quality of the interview material, but on the other hand it may also have provided me with information and trust from the participants that could not have been acquired with a more distant approach on my behalf as an interviewer. Nevertheless, throughout the interviews, I made the effort to maintain an open and learning attitude towards the participants and their views, regardless of any casual nature the situations may have acquired.

I considered the possible harm caused to the participants be relatively minor, since the research topic and interviews did not concern the worker's own sexualities. This setup provides a sufficient distance to a topic that is intimate and vulnerable so that recalling and sharing thoughts and experiences would most probably not bring up unpleasant sensations outside the range of what the participants have already encountered in their clinical work. I also did not interview the participants as representatives of their work units or municipalities. For these reasons I concluded that applying neither regional research permits nor an ethical board approval was necessary in the case of this study.

5. Social workers' experiences and perceptions about working with sexuality

In this chapter my aim is to present the findings and conclusions I have made during the analysis process, and to eventually draw a picture about how sexuality is present and seen in social work, by social workers. The results of the analysis are divided into three sections, according to the analysis matrix (see Appendix C): Encountering sexuality, Working with sexuality and Thinking about sexuality. In the first section, Encountering sexuality, I will introduce the contexts and situations in which social workers described that sexuality-related topics come up in their work, and what their reactions have been in those situations. In the section Working with sexuality, I will present how the social workers described their work methods with sexuality-related topics, together with their experiences of their personal clinical competence regarding sexuality. In the last section, Thinking about sexuality, I will illustrate the informants' and perceptions of the overall meaning and potential of sexuality to social work.

5.1 Encountering sexuality

One of my initial interests regarding this research process was the question of how exactly sexuality is present in the everyday clinical work of social workers, if it is present at all. All participants told that sexuality had been present at least on some level in their work during their career. There were three types of situations or contexts where sexuality came up in the work: *need for education and guidance; relationships, families and everyday life*, and *issues related to vulnerability*. Additionally, my participants also discussed situations when sexuality had *not* been present in their work. For this reason, I also included a category called *when sexuality does not come up* to my analysis. The purpose of presenting the contexts in which sexuality comes or does not come up is to illustrate the character of the phenomenon of sexuality in social work. I will proceed to a deeper level of analysis instead of just description in the further parts of Chapter 5.

In addition to sexuality coming up, I analyzed the ways my participants described their thoughts and feelings in the situations where sexuality-related topics had been present. I included this perspective to my analysis in order to get a better and deeper grasp of the social workers' subjective experiences of handling sexuality in their work. The different meanings sexuality-related topics acquired in the social workers reflections were *meaningful and interesting*, and *challenging*. The meanings that the social workers gave to their experiences were overlapping and occurred parallelly, so the ways in which social workers felt and thought about working with sexuality had multiple dimensions that existed side by side each other in their answers.

5.1.1 How does sexuality come up?

Need for education and guidance

According to the participants, the theme of sexuality came up in social work when the clients had questions or concerns that were related to sexuality. These needs can be seen as needs for sexual education, and they appeared in all fields of social work: with families as well as adults, but especially when working with children and youth. According to the standards by WHO (2010), sexual education means “learning about the cognitive, emotional, social, interactive and physical aspects of sexuality.” (p. 20). It is about providing age and development stage suitable information regarding sexuality, sexual health, sexual orientation and gender identity. Sexual education begins from early childhood and continues through adolescence and adulthood. With children and adolescents, the aim of sexual education is to support their psychosexual development. (Klemetti & Raussi-Lehto, 2013, p. 38; Halonen & Sassi, 2020; WHO 2010, p. 20.)

Different dimensions of sexual education, such as giving information and providing guidance (Halonen & Sassi, 2020 p. 96; Klemetti & Raussi-Lehto, 2013, p. 38, 40) came up in the participants’ experiences, when clients had expressed a need for correct information about, for example, sexual health, or about what is considered normal or acceptable. The participants also told about situations where the clients had a need for support and advice in situations where they felt uncertain about or wanted to reflect upon sexuality-related topics. In most cases, these needs seemed to be underlying motives for the clients to seek themselves to a social worker’s appointment. The underlying nature of sexuality in social work context was an observation that re-occurred in my material, and I will present examples of it throughout my analysis.

Participants who had worked as school social workers [koulukuraattori] stated that sex and sexuality are themes that children very often are curious and puzzled about. Schools are a very central place for the execution of formal sexual education, whilst parents, siblings, school mates, and friends are the main sources of informal sexual education (Klemetti & Raussi-Lehto, 2013; Halonen & Sassi, 2020, p. 95; WHO, 2010, 2013). The participants told that while it may not be the initial reason why children have ended up seeing a school social worker, it usually is a theme that comes up from the background after there has been some trust built with the worker. In the participants’ examples, anxiety or different behavioral problems that interfered with the children’s schoolwork were more than often eventually connected with some sort of topic related to sexuality. The psychosexual development in humans is seen to begin already from birth, and children of all ages have the need and the right for support in their sexual growth (Halonen & Sassi, 2020).

If one thinks about sexuality as a wider theme, one sees that it is at least in some ways present and comes out already among small children; they're puzzled about it and they have questions about their sexual orientation and gender identity and things like that... So, it's quite often when – or they don't necessarily come to be my clients because of that but it doesn't take long before it comes out that it can be a really essential thing that they wish that they'd have someone to talk to about.

- Social worker 4

According to the participants, a central theme regarding the need for counseling was contemplations about sexual orientation or gender identity among youths. A major proportion of adolescents who represent sexual and gender minorities face more discrimination, vulnerability and violence than other adolescents. They also experience stress and challenges in their close relations about revealing their identity. (Alanko, 2012.) The participants who had worked in schools told that the themes that were handled were mostly about the youth's experiences of non-heterosexual attraction or them not identifying with the gender that had been assigned to them in birth. The young clients wished to go through their contemplations with a trustworthy adult, and in some cases the need for discussion and support were related to anxiety or experienced negative attitudes and non-acceptance from their environment. These discussions took place in the school social worker's individual meetings with the children and adolescents.

Another sexuality-related topic that created and reflected the need for education was when smaller children were interested in and seeking for knowledge about sex and sexuality. School aged and prepuberty children are often interested in romantic relationships and infatuations with other children, and learning about sexuality and changes in the body during puberty. (Halonen & Sassi, 2020; Klemetti & Raussi-Lehto, 2013, p. 47) A participant who had worked in a school told that this came up for example if children, mostly little boys, were caught with watching porn. The school social worker had had individual discussions with the children about proper, safer and more age-suitable ways to find information about sex and sexuality. Approaching the topic from a permissive rather than intimidating or blaming perspective is in accordance with the standards of sexual education (Halonen & Sassi, p. 96–97; Myers & Milner, 2007, p. 85; WHO, 2010). Interestingly, when the participants told about similar educative interventions with young girls instead of boys, the situations were not because the girls had been seeking information about sexuality from porn, but because the girls' environment saw a need for "protecting" them from sexual risk behavior and its consequences. This is a notion that I will return to more deeply later in this chapter, under the caption *Issues related to vulnerability*.

A participant who had been working in a reception center for asylum seekers [vastaanottokeskus] described another type of need for education and guidance. Cultural factors have a significant influence on the level of sexual education people have received during their lives, and many cultures consider the theme of sexuality as a taboo altogether. Immigrants, especially with a refugee-background, can vary greatly in their levels of sexual knowledge, and some might be completely unfamiliar with themes of sexuality. (Brusila, 2020a; Frank, 2020.) This participant told that there occasionally occurred a need for discussions between the social worker and young male residents (approximately in their twenties) about what is considered appropriate, normal and safe regarding relationships or feelings of attraction. The worker's estimate was that those young men, who very often had their backgrounds in areas of war and crisis, were not emotionally as old as they were in years, and that they rarely had had any experiences of attraction or relationships. The discussions originated, for example, from situations where a young man would have been noticed to express interest to much younger girls living in the same premises. The participant also described these conversations to be about the boys' own sexuality and safety, since the local Finnish girls can express a very strong interest towards them despite the lack of experience of the boys. The conversations could also be initiated if a young client had expressed feelings of guilt regarding their sexuality, e.g. masturbation. The participant told that the initial purpose of those discussions was to approach the topic softly and not by judging the young men or trying to make them feel guilty.

The need for education and counseling did not just regard the experiences and questions of children and youth, but their parents and families as well. In the participants' answers in the interviews, this could mean supporting the adolescent client in telling their parents about their identity or working with the parents in order to improve their ability to accept and support their child in their identity and sexual growth. As previously mentioned, sexual and gender minority adolescents experience fear and stress related to their identity and their family relatively often. In addition to social and health care professionals, parents are very important supporting adults to the sexual education of children and youth. (Alanko, 2012; Halonen & Sassi, 2020, p. 95.)

Relationships, family and everyday life

The parental and family perspectives regarding sexuality in social work context are present also in a wider scope than just counseling parents about their children's sexual growth and education. The connections between parental relationships, sexuality and family dynamics were common themes in the social workers' narratives of sexuality coming up in their work. Sexuality was present through practical issues of everyday life, through the parents' relationships,

conflicts and traumas, and the anxieties of a lack of relationships among adults living alone or asylum-seekers missing their loved ones far away. Other relationship -and family related themes that can affect sexuality are for example physical or mental illness of a partner, infertility issues, miscarriages, adoption, or if the parents' child has been taken to involuntary care by social authorities (Bildjuschkin & Ruuhilahti, 2010, p. 90–93; Klemetti & Raussi-Lehto, 2013; Myers & Milner, 2007, p. 87–93). While sexuality might not in have been the initial theme in all cases, it was yet again something that had an effect in the clients' situations in the background.

One example of sexuality as a part of the struggles and issues of everyday life came up among asylum-seeking families in a reception center. A social worker told that, since whole families could share one small room as their home for years at a time, most of the time sexuality came up in the form of practical issues, such as lack of time and room for parents to be intimate with each other. They also told that there was a clear cultural difference between the willingness of couples to discuss these issues with a social worker compared to native Finnish couples. According to this participant, their asylum-seeking clients see sex, sexuality and intimacy as things that concern the parents and the whole family together, and that is why it is also a matter that the clients want to discuss with a social worker more than Finnish clients, who regard sexuality as too private to handle with a social worker.

In this context, sexuality-related topics came up as an essential aspect everyday life and well-being of families. The perspective of the relationship between the parents was present in other participants' answers as well. Intimate relationships, family and love are important to people, and they shape our everyday lives in multiple ways. Relationships, parenting and sexuality are themes that are intertwined with one another and they need to be taken into consideration in professional encounters with the issues faced by families and their members. (Bildjuschkin & Ruuhilahti, 2010, p. 90–93; Brusila, 2020c, p. 168–170; Myers & Milner, 2007, p. 87–93.)

According to a participant who worked in family counseling [perheneuvola], it was especially through the parents' relationships that sexuality-related themes became present in their work. This phenomenon manifested itself through questions like how content people are feeling in their relationships, how much time couples have to one another or how much affection do they think they need and receive. These are themes that are traditionally present in sexual counseling with couples (Ryynänen, 2011, p. 66). Sexuality was also linked to parental conflicts, which in its turn had an effect to the relationship between the parents and further to the whole family system:

And I also want to know how much there is affection and resources, because it sure as hell has an effect if the parents are out of energy and they've totally drifted apart, and so the child bounces off the walls, it's no wonder it's like that.

- Social worker 1

And if I think about when I was working at the school, I also worked a lot with families and... Of course there was a strong connection to the adults and their sexualities and sexual relations, which were of many kinds indeed, and then the way the adolescents experienced their parents' [dynamics] was a world of its own.

-Social worker 5

Sexuality-related topics were something that was not always in the focus of the social work with families, but in most cases of parental conflict it was a theme that lingered in the background and possibly mediated some problems that were experienced in the parents' sexual relationship. It was also brought up by the participants that it was not unusual that a problem that was initially connected to the child's challenging behavior or other kind of symptoms eventually turned out to stem from issues between the parents and their sexualities. One participant shared an experience with a family that at first came to them because their child was having behavioral problems, but it turned out that the child's problems were reactions to the parents' issues in their relationship, and these issues were connected to sexuality. Another participant shared an experience where an adolescent client had depressive symptoms. After a while, it was revealed that the client's parent had found a new gender identity, and this had caused a crisis to the young client. These are yet other examples of the underlying nature of sexuality-related topics in social work context.

However, it was not just families and relationships that made sexuality come up, but it was the lack of them as well. People living alone can long badly for the intimacy and affection of another person, and masturbation or sex toys will not substitute these needs sufficiently (Brusila, 2020c, p. 169). A participant who had mostly been working with adults told that loneliness was a re-occurring theme with their clients. The connection between loneliness and sexuality came out as clients' neutral statements of a wish for a relationship or the worry of the lack of it, or as more explicit disclosures of what intimate things one missed in having a relationship. When it came to these explicit reports, the participant told that it was not always easy to distinguish whether those disclosures were genuine, or if they were, in fact, sexual harassment aimed at the social worker. Lavie-Ajayi (2020, p. 7–8) reported similar experiences in their interviews, where social work students had experiences of such detailed sexual descriptions from clients as harassment.

Another type of loneliness occurred among men who seek asylum and are in the waiting for it to be possible for their families and spouses to come to Finland. A participant told that men talked about how they are missing their loved ones, and that they felt lonely. The participant also said that they had observed a sort of type of 'repressed sexual energy' with their colleagues among those men who were longing for their spouses. The ways in which this sexual frustration was manifested did not come up in the interview.

Issues related to vulnerability

Even though the focus and primary theoretical perspective to sexuality in this study is on sex-positive approaches, it cannot be denied that a considerable share of sexuality-related topics that the social workers had encountered in their work were connected to issues related to vulnerability. The reason why these kinds of themes were so strongly present can partly originate from the inherent motive and interest of social work to work with client groups that are in some ways in vulnerable positions in the society (Jones, 2014). Sex and sexuality can be used as tools of violence and oppression, and they are also themes that can negatively affect people's status in the society (Brusila, 2020c). The issues that came up in the interviews varied from sexual risk behavior of adolescents to sexual violence and human trafficking.

Sexual risk behavior means activities that cause an actual or a potential threat to the health and safety to oneself or one's partner. It can mean a variety of behaviors that are harmful or not suitable to a person's age and stage of development. For example, having multiple partners, beginning one's sexual life at a young age, and neglect of contraceptives and STI prevention can be seen as sexual risk behavior. Things that are seen as sexual risk taking are affected by the prevalent cultural norms, and they are associated with different groups, like teenage girls. (Halonen & Sassi, 2020, p. 99; Kuortti, 2012, p. 35–39). Participants who had work experience with youth told that they had been concerned about young girls, that were their clients, having insufficient possibilities to protect their own sexual boundaries. In the participants' narratives, these behaviors occurred because of lack of sufficient parental support, lack knowledge of safe sexual relations, or because of an effect of cumulating experiences of sexual abuse. The participants saw, for example, that girls who engaged in plural one-night stands were more susceptible to abuse by people who might take advantage of their lack of safe sexual boundaries. Sexual abuse means offences and violence against a person's sexual integrity. It can be extremely traumatizing and cause a variety of negative, long-lasting effects to the life of the abuse survivor. Prior experiences of sexual abuse increase the risk of becoming a victim of sexual abuse also in the future. (Brusila, 2020e; Kallio, 2011.)

Besides risk behaviors, the themes of sexual abuse regarding children and youth varied in the interviews from children spreading sexual photo material of their peers with their smartphones to acts of forcing to sexual deeds and committed rape by other adolescents or adults. These are phenomena that are prevalent among Finnish youth: according to a report by the organization Save the Children Finland [Pelastakaa lapset ry], digital sexual harassment among and between 12 to 17-year-olds is relatively common (Save the Children Finland, 2018). In 2019, 21 per cent of Finnish 8th and 9th graders reported to have experienced sexual harassment, and 7 per cent reported having experienced sexual violence during the last year (FIHW, 2020b). In my interviews, the participants told that experiences of sexual abuse and disclosures of risk behavior were told to the social worker both by the young clients themselves, and by adults around the children who had detected something worrisome in their behavior. There were also cases where adult clients, who had developed a deeper and a trusting relationship with the social worker, told about past traumatic events from their youth.

Another form of sexuality as an issue of risk, vulnerability and abuse was sexuality becoming a commodity. What has to be noted here is that an adult's consensual involvement in sex work is not necessarily problematic, nor an issue of social work (Kauppinen & Nikula, 2020). Rather, the descriptions of sex as a commodity in this context were mostly related to situations where consent and freedom of choice were ambivalent, if not entirely absent. One participant brought up that there had been cases in which there had been concerns about immigrant families' parents without residence permits resorting to illegal prostitution as their source of income. Another participant told that these sorts of phenomena were especially present among asylum seekers who represent sexual minorities.

[--] we do have a lot of clients, maybe it's more common among those who represent a sexual minority and tell about how they, for money, have these 'habibis'; lovers, boyfriends, but then if we talk about it more it turns out it's practically exchanging sex for goods, they tell that 'I have to do it even if I'm sick, even if I don't want to, and I if I won't do it I won't get out of there if he won't give me bus money' and these sorts of things, I think that it mostly concerns the more vulnerable groups, or at least this comes more often up in discussions with them.

-Social worker 2

The participant told that these behaviors were also very strongly connected to the clients' asylum-seeking process, which made the whole phenomenon even more intertwined with their vulnerable position. The incentive with being involved in those sorts of relationships could be

their way of sort of 'proving' their sexual orientation, and thus legitimizing their reason for seeking asylum because of persecution grounded on their sexuality in their countries of origin. In addition to these phenomena, this participant shared that they encountered in their work people who were survivors of sexual abuse in the form of human trafficking. Human trafficking is a serious crime against human integrity and freedom. In human sex-trafficking, the perpetrators take advantage of the victim's vulnerable position, and by force or threat they expose the victim to sexual abuse and benefit financially from them. (Kauppinen & Nikula, 2020.) The clients that this participant had encountered had been exposed to trafficking in their countries of origin, and it was the reason they were seeking asylum, or the abuse could also have happened during their journey to the countries they seek asylum from. The participant described that these clients were very often victims of continuous abuse in all kinds of forms, which strongly represents the cumulative nature of sexual abuse experiences (Brusila, 2020e; Kallio, 2011).

Another, a whole different kind of theme connected to sexuality and vulnerability, came up in the interviews through perspectives of working with adults with low income and need for financial support. In Finland, social workers can grant clients with discretionary social assistance [harkinnanvarainen toimeentulotuki] according to their individual needs (Toimeentulotukilaki). A participant who had work experience with adults [aikuissosiaalityö] told that there had been incidents where a client would apply for social assistance for medication for erectile dysfunction. This was a medication that was not on the list of medications that may be compensated with social assistance. There had also been situations where a client with low income disclosed that they use their money to buy sex. The discretionary nature of admitting social assistance shows the power of the social worker over the clients' financial autonomy. It is in the social worker's hands to decide whether the person will have the money they consider themselves needing or not. This raised questions in my participants about the social worker's power, and if it should extend to the client's sexual life through financial control. This can also be seen to represent the power that institutions and societies execute over their populations. In this context, the society has chosen by law that the sexuality-related problems my participant's clients experienced were not as important as other medical issues.

When sexuality does not come up

Many participants mentioned that they had had experiences of different work units during their career where sexuality had not been present in any way. Some described that while working in child welfare [lastensuojelu], sexuality was a completely invisible theme. Apart from singular cases of sexual violence between parents, sexuality was not covered in the work. In the case of

working with adults, the absence of sexuality was mostly linked to the lack of systematic approaches.

[--] it feels like it's not the custom to systematically initiate discussion about it... It's either when the client brings up those themes, or then they inevitably come up during the process, but systematically discussing about them from the worker's initiative – that, I think, is very rare.

-Social worker 3

This participant described that sexuality was not a very prevalent theme in their work, and that this was because sexuality was not included in the working frame. A similar, but even more contrasted experience was described by another worker who had worked in Family Law Services [perheoikeudellinen yksikkö]. That is a unit where social workers meet couples who are separated and wish to organize the custody and maintenance of their children. This participant told that there were zero possibilities to approach or work with sexuality-related topics in their work, despite their absolute willingness and motivation to do so. According to this participant, they did not have a mandate nor the time and resources from their supervisor to include sexuality in their work. The lack of a clear mandate has been found to affect negatively on how much social workers work with sexuality-related themes (Hall et al., 2017). The absence of sexuality here was thus a question of organizational and structural factors, as can be seen from the quote below:

[--] there's nothing really, maybe otherwise there would be, but it [sexuality] comes up very unfortunately seldom, because there's no space to bring it up. And there's not even the slightest hint of it, and even if there were, there's still all my other tasks that come at me. Like, I don't have the permission to promote it [working with sexuality] in any way.

-Social worker 6

From the perspective of social work with asylum seekers and refugees, the descriptions of the presence of sexuality were divided. A participant who had worked in a reception center told that sexuality-related topics were very frequent with her clients. Another participant, who had worked in initial assessment with refugees, told in her turn that the nature of the work did not allow trust to be built enough to discuss sexuality-related topics. During the short assessment period, they did not come up at all. There is a contrast between this short-period work and the context of a reception center, where people can live several years while waiting the decision about their asylum. All these cases are examples of when the presence, or rather absence, of

sexuality in social work is affected by the structure and context of the work, and the nature of the client process. I will go more deeply into these context-related factors in Chapter 5.3.

5.1.2 What do social workers think and feel about working with sexuality?

Meaningful and interesting

When I asked my participants to describe what kind of feelings and thoughts, they observed in themselves when working with sexuality-related topics, most of them described the experiences to have been above all positive. This is in line with the previous research on social workers' attitudes towards working with sexuality that was introduced in chapter 3.1. A participant expressed that from their perspective, situations where they are able to work with sexuality are "little diamonds" to them. The feeling of doing something that matters and makes a difference was considerably common when the workers talked about their emotional responses and attitudes towards working with sexuality.

[--]I also feel that these kids are, like, empowered when an adult is actually interested in what they think about these things, and treats them in a way that says 'it's not you who's the problem, it's the word around you that doesn't accept you as who you are'.

-Social worker 4

In addition to experiences of empowering and supporting the clients by working with their sexuality with them, the workers expressed gratitude and respect towards the trust the clients gave them by bringing these topics up. The workers also thought that it was a very positive thing when the clients had been able to independently reflect on their own issues. These views can be seen to represent strength-based approaches to sexuality (Dodd, 2020; Williams et al., 2016). Many participants pondered that they felt that the clients were in most cases happy when sexuality was discussed and that the clients seemed to benefit from the situations. Several participants also told that the situations were beneficial to themselves. Their narratives implied experiencing mutual learning and interest with the clients around the topics of sexuality.

Well, they are really rewarding situations for me. That we can together be puzzled about and wonder about that world and our positions in this world as humans...[--] usually the youth know the terminology pretty well, and I'm quite often there like, 'could you explain me one more time what that meant again', because I don't have so much insight on all these, and it's like, you learn so much yourself there as well, and your own world widens up.

-Social worker 4

Even though they might not be entirely familiar with the topics themselves, many workers said that they have a motivation and willingness to deal with different themes in order to learn more. A motivation to learn more despite one's insecurities or possible embarrassment is also present in the international research results on social workers' attitudes (Areskoug-Josefsson et al., 2019; Hall et al., 2017; Lavie-Ajayi, 2020; Neocleous & Apostolou, 2017; Ramseyer Winter et al., 2016; Schaub et al., 2016). Themes that my participants wanted to learn more about were for example sexual orientation, gender identity, and aspects of sexual behavior.

Challenging

When I asked my participants if there are any themes related to sexuality that they feel challenging or difficult to work with, the responses were unisonous: sexual violence, abuse and trauma. A social worker has to encounter a variety of stories and experiences through their clients, and especially experiences of trauma and abuse are something that can cause stress and even a secondary trauma to the professional who is working with them. A secondary trauma can mean for example a loss of empathy and hope in the work, and it can cause emotional fatigue and other negative phenomena in the worker's life. (Bildjuschkin & Ruuhilahti, 2010, p. 110–121; Brusila, 2020d, p. 620–621, 635; Kallio, 2011, p.151.) Other things that my participants described as challenging were the taboo and negative attitudes around sexuality, and problems related to carrying out practical work.

In the theme of sexual violence, what made it so difficult according to the participants was the evil and harm that were so enormous that they were hard to comprehend:

[--] it comes to me, this sort of feeling of injustice, and also a kind of disbelief that there still is something like that in this world and that seemingly normal people do these kinds of really sadistic things...

-Social worker 3

Sexual violence is a phenomenon that social workers can encounter in many different work environments. The basic skills that are required for working with clients with sexual trauma are bringing up, listening, validation, and the ability to refer the client for specialized help (Kallio, 2011). Further therapeutic work with sexual violence and trauma require special skills and training from the professional. (Bildjuschkin & Ruuhilahti, 2010, p. 110–121; Brusila, 2020e; Kallio, 2011). The participants described that the situations with sexual violence themes were challenging because of the strong feelings they caused. Emotions such as frustration, anger, pain, and helplessness are typical when encountering clients who have experienced sexual

violence. (Brusila, 2020d, p.635; Lavie-Ajayi, 2020, p. 9–10; Kallio, 2011). In the middle of anger, sorrow and frustration, the participants felt that it is challenging to remain professional and not take any space from the client's burdensome experience by expressing their own tough feelings as professionals. In addition to the incomprehensible evil and strong emotions, the participants described it to be challenging in working with sexual violence if they did not feel competent enough to work with clients with such experiences.

[--] Yeah it's like, am I able to say the right words? On the other hand, I do acknowledge that there isn't anything for me to say that would take away such enormous pain. But it's still like, am I able to be there for them in the right way?

-Social worker 1

The feeling of incompetence was not experienced challenging just related to sexual violence, but to vocabulary and dealing with unfamiliar, sexuality-related topics in general. Many workers expressed concerns that they do not know how to talk about, for example, different gender identities in a sufficiently inclusive way. They were afraid that they would by accident hurt the client's feelings, or express unnecessary stereotypes. They told that what made them uncomfortable when working with unfamiliar themes was the feeling that they were not able to provide the client with the best possible help they could receive. Insecurities about the overall competence in working with sexuality are common among social workers and social work students, and they may hinder their abilities address the topic (Areskoug-Josefsson et al., 2019; Lavie-Ajayi, 2020; Trotter, Brogatzki, Duggan, Foster, Levie, 2006).

Another aspect of working with sexuality that was considered challenging was the taboo and negative attitudes around sexuality. Many workers brought up that they find dismissive attitudes expressed by their client's environment to be harmful to their clients and their well-being. For example, in a school environment, this meant discrimination by peers and family towards a child that represented a non-heterosexual or non-binary identity. These phenomena are very harmful and among other things, they expose the children to a higher risk of depression, anxiety symptoms and self-destructive behaviors (Alanko, 2012; Zucker et al., 2016). A social worker also told that the taboo around children's sexual growth restricted the social worker's possibilities to work with parents regarding their children's sexual education. The participant told that parents could be appalled by the fact that the school social worker would talk about sexuality with their children, because the parents saw sex and sexuality as things that should not consider children at all. These sorts of culturally bound views on the appropriateness of

sexual education of children can bring their own challenges to providing sexual education (Frank, 2020; Lavie-Ajayi, 2020, p.7; Sassi & Halonen, 2020).

Expressing prejudice and negative attitudes was not something that would apply only to the clients' friends and family. A participant told that they are especially frustrated about negative attitudes expressed by *other social workers*. This caused significantly challenging feelings in the participant. Awareness of the possible conservative and normative attitudes of colleagues and its influence on their work with sexuality was also present in the responses of UK social workers in the survey of Schaub et al. (2016, p. 437–438). This same participant also expressed throughout the interview their overall frustration towards the fact that sexuality in their opinion is not even nearly enough acknowledged in Finnish social work on a national level. According to them, the lack of resources and systematic approaches with sexuality make it nearly impossible to work with sexuality in a way that would secure equal service to clients. An aspect that can be seen to reflect this view is for example the invisibility of social work in the national program for promoting sexual and reproductive health in Finland (see Klemetti & Raussi-Lehto, 2013).

Several participants also expressed, in accordance with the literature presented in the previous chapters in this study, concerns about the fact that social work focuses mainly on the problem and risk perspectives towards sexuality. Though, it was acknowledged that it is partly inherent to social work to focus on these things. The lack of positive approaches was considered to enforce the taboo around sexuality and thus make it more difficult to work with it. It was also expressed that it is emotionally demanding, not just to the clients but the social workers as well, to always focus on these severe topics:

I think that, the fact that how social work and sexuality are connected, I think that it's a really sad thing that the perspectives in the work have very much, in my own case as well, been connected to situations where someone's sexuality has been broken. Although, of course we are in social work's sphere when we're talking about that. But, in some way I think that they're very big and stressful themes from the worker's perspective as well.

-Social worker 5

The social worker's personal attitudes, values, prior experiences and other factors related to their own sexuality are always present when dealing with sexuality-related issues with a client. In addition to the emotionally demanding topics such as sexual violence and taboo, the worker's personal relationship with sexuality can cause challenging thoughts and feelings to them when handling sexuality-related topics, as can be read from the citation below. Reflection,

acknowledgement and balance with one's sexuality are essential for being able to work with sexuality-related themes. (Bildjuschkin & Ruuhilahti, 2010; Blomqvist et al., 2020, p. 12; Brusila, 2020d; Dodd, 2020, p. 9–24; Lavie-Ajayi, 2020; Myers & Milner, 2007.)

[--] this working with sexuality, it's sure that many workers have questions regarding their own sexuality as well, so, like, it's never really entirely conflict free. So I do notice that it feels awkward, but when I think about it logically, I do acknowledge that it's an important theme to deal with. But it's by no means, despite that, totally un-problematic.

-Social worker 3

Awkwardness and other difficult feelings, personal trigger points and prejudice are some of the worker-related aspects that can affect professional care work and make it challenging to work with intimate topics such as sexuality. Dismantling the effects of taboo and counteracting the effects of personal aspects to one's work is an essential part of sex-positive social work (Dodd & Tolman, 2017; Williams et al., 2016). I also asked my participants about their thoughts of social work's and social worker's role in counteracting those structures, and I will proceed to analyze their thoughts on improving the possibilities to work with sexuality and sexual health in section 5.3.

In addition to sexual violence, negative problem-centered attitudes and taboo, my participants told about a wide range of aspects in the practical, everyday work environment that evoked challenging feelings and thoughts around working with sexuality. Because of the plurality of the responses, I will list them here shortly in an exemplifying manner to paint a picture of the different kind of factors that my participants brought up that cause challenging feelings in them in their practical work.

According to the Finnish child welfare legislation, an official authority, such as a social worker, has the obligation to make a child welfare notification if it comes to their knowledge that a child's welfare is at risk (Child Welfare Act 25§). Social workers who worked with children and youth felt contrasted by this obligation, because if a child would disclose confidentially to them about experiencing sexual abuse, the worker would be obligated to report this even if the child did not wish that the worker would tell anyone about the abuse. Many participants expressed torn feelings about breaking a child's trust to protect their safety by reporting the situation to child welfare against the child's wishes. Another issue that was described by the participants was that clients can also make unwanted sexual passes towards the social worker or want to tell about their sexual issues more openly than the worker is willing or prepared to deal with. These

sorts of explicit disclosures from clients can be attempts to use power over the worker by aiming to make the worker feel uncomfortable. These situations require the ability to control the conversation from the social worker, which can feel difficult. Also, the harassment can be unpleasant or even traumatizing for the worker and it should never be tolerated. (Bildjuschkin & Ruuhilahti, 2010, p. 120–121; Lavie-Ajayi, 2020.) Handling sensitive topics in a hectic work environment and schedule was also said to make it challenging to work with sexuality. Social workers can have several client meetings in a row and time pressure is usually high. Orientating rapidly from a meeting that has been about something completely trivial, to a meeting that handles sexual trauma or vulnerable reflections of sexual identity, can be challenging.

5.2 Working with sexuality

In addition to the contexts in which social workers encounter sexuality in their work, I also wanted to know how they work with it when it comes up. The participants' descriptions about their work methods varied in the grade of detail in them. Some described very systematic and specific work methods they use with sexuality, whilst others told that they mostly rely on basic elements of interpersonal interaction, such as trust and support. Altogether, it varied from interview to interview what each participant considered as a 'method'. Because of this variation, the use of the word 'method' in this context is an analytical aid for me to gather together different ways of working, rather than an actual definition of specific techniques of working with sexuality. Nevertheless, from those varying descriptions, I formed five categories of work methods: *creating a supportive atmosphere*; *initiating discussion & active listening*; *network and life trajectory-based approaches*; *language and vocabulary*; and *education and guidance*. Along with presenting my observations on these work methods, I will also reflect them against the guidelines of FIHW and the PLISSIT and BETTER models, which were introduced in chapter 3.3 – *Examples of work models for addressing sexuality*. A summary of these reflections can be found in the end of this section.

Even though I have distinguished such separate categories from my participants' descriptions of their work methods, it must be stated that these categories are by no means mutually exclusive. On the contrary, they are overlapping to an extent that several categories, such as *creating a supportive atmosphere* and *initiating discussion and active listening*, could in fact be seen to have partly the same content. As I mentioned in the previous paragraph, the main purpose of this categorization has been to form an overview to the ways my participants work with sexuality, not to name and classify specific techniques.

Resources and competence are important aspects that define the ways in which social workers work with different phenomena. This is why I also approached my participants with questions about how they perceive the sources of their skills and the support they have received from their training or workplaces regarding working with sexuality. I found three categories that defined the social workers' experiences of their competence: *lack of support from basic training; personal interest and familiarity with sexuality; and the varying support of workplaces.*

5.2.1 Methods

Creating a supportive atmosphere

In order to be able to talk about and work with sexuality, an atmosphere is needed where it feels natural and possible to even think about approaching the topic (Bildjuschkin & Ruuhilahti, 2010, p. 100). The participants described different ways of building such an atmosphere with their clients so that they would feel safe and trusting enough to discuss sexuality. This type of work style is recommended in the FIHW guidelines, and it can also be seen to locate on the Permission-level of the PLISSIT model (Bildjuschkin & Ruuhilahti, 2010, p. 94–101; Brusila, 2020, p. 619–620; Vuola, 2003) and Bring up the topic-stage in BETTER model (Bildjuschkin & Ruuhilahti, 2010, p. 100–102; Sinisaari-Eskelinen et al., 2016, p. 289–290) Central components in creating this sort of supportive atmosphere in the participants' answers were for instance understanding, trust and respect. As comes up from the following citation, these were seen as the core conditions of being able to work with sexuality.

To me, the most important thing is that the client can talk about it in a place where they feel like they're being respected and appreciated, and they can trust the worker [--].

-Social worker 2

Wanting to understand the clients and their situations is a key component to being supportive. When we seek understanding for our clients, it means that we are letting them know that we are on their side. My participants told me that they build understanding and respect, and trust with the clients by trying to see things from the client's perspective and remaining open to the uniqueness of the clients' situations by not making any assumptions of anything. Understanding, trust and respect were seen to come together when the client was positioned as the best expert of their own situation. Trust is seen as one of the core preconditions to social work to be able to work with sexuality (Lee, Fenge & Collins, 2017). These kinds of approaches represent the strengths-based approach to sexuality in social work. The worker acknowledges and respects the uniqueness of individual sexualities and experiences and treats the client as the center

character of their lives without any assumptions (Blomqvist et al., 2020; Dodd, 2020, p. 3–5; Williams et al., 2016, p. 288–289).

[--] the thing is, in order to tune into the child's world, I'd have to understand something about it. And have a connection there, so in a way that's my work method; seeking understanding about how things look from the child's perspective.

-Social worker 4

Therefore, when building a foundation for working with sexuality with the clients, the worker's primary task becomes to be an empathetic listener. Instead of controlling, or telling the client what to do, the social worker communicates that they are there above all to help the client. Another way of promoting such an atmosphere of support and acceptance, that came up in the participants' answers, was to provide encouragement to the clients to accept themselves, with all their questions and insecurities. By taking the role of a safe discussion companion and a trustworthy professional, the social worker encourages the client to reflect on their issues, without judgement, and accept them. Open and honest communication and letting the client know that they can talk about their issues free from prejudice and discrimination are key components to building a safe atmosphere and a strength-based approach (Dodd, 2020, p. 3–5; FIHW, 2020d; Lee et al., 2017; Williams et al., 2016, p. 288–290).

Well if you think about a situation where someone has questions about their identity, it's just being there for them as a safe, listening adult and giving space and securing their psychological safety so that they can think about things and be incomplete in peace, it's about creating a safe space for that.

-Social worker 5

Apart from these interpersonal aspects, the supportive atmosphere can also be mediated through visible symbols of inclusiveness and signs of a positive attitude towards sexuality in the working spaces where the workers meet their clients. This is also something that is recommended in the literature on working with a sex-positive approach (Blomqvist et al., 2020, p. 17; Dodd, 2020, p. 16–17), and it is also in line with the PLISSIT and BETTER models as it signals the client that it is allowed to talk about sexuality (Bildjuschkin & Ruuhilahti, 2010, p. 97, 100–102; Sinisaari-Eskelinen et al., 2016, p. 289–290). My participants told that such a signal can be for example a pride-flag, also known as the rainbow flag, which is a commonly known symbol used to represent lesbian, gay, bisexual, transgender and queer pride and social justice movement. It was also brought up by other participants that they use the rainbow symbol of the

pride-flag as a means to signal that their office is a safe space for talking about diversity and sexuality. One participant told that they saw that anything from pride-stickers to brochures about peer support groups could lower the threshold for someone to talk about what is on their mind. It could be seen that creating a supportive atmosphere, that enables discussing sexuality-related topics, requires messages of acceptance both in verbal and non-verbal ways. Although, most important component of creating such an atmosphere is the comfort and reflection of the worker themselves on their relationship with sexuality, which is also the first bullet point of FIHW's guidelines. (Bildjuschkin & Ruuhilahti, 2010; Blomqvist et al., 2020, p. 12; Dodd, 2020, p. 9–24; Myers & Milner, 2007.)

Initiating discussion and active listening

Assuming that the atmosphere with the client is trusting, safe, and appropriate for discussion of sensitive topics, the most important tools for working with sexuality that the participants brought up were initiating discussion and engaging to it. These are also methods that represent the Permission-level of PLISSIT and Bring the topic up-stage of BETTER. According to my interviews, the initiatives to discussion about sexuality came mostly from the social worker, even though initiatives came from the clients as well. The workers' descriptions about the ways they take the initiative to discussion varied from direct to indirect approaches. Direct approaches could simply be direct questions, or 'bringing up', as a participant names their favorite work method in the citation below.

Well, my favorite is of course 'bringing up'. That, I think, can't be practiced enough, especially in social work, because what else is social work than bringing things up? And like, it means pausing to be near the whole person, being sensitive to everything and charting the whole picture of their situation.

-Social worker 1

This participant brought forward a very interesting linkage between bringing up the topic of sexuality and the overall nature of social work. When asked to further define 'bringing up', they continued:

So, it's like, talking about things with courage and frankness, and how they really are. And not dancing around them. But with respect.

-Social worker 1

It can be seen from this definition of 'bringing up' that it is something that is applicable to practically any field and issue of social work. Social workers approach all kinds of intimate topics in their daily profession with families and individuals, that vary from need for support in everyday life, to financial issues or violence and neglect in intimate relations (Dodd, 2020, p. 8). The question posed by Social worker 1 about what else social work is than bringing things up sets the topic of sexuality on the same line with other issues social work deals with. If social workers bring up and try to support all other issues related to well-being, and the point of social work is to treat the client and their situation as a whole, why not include sexuality in this approach? Integrating sexuality to the profession is seen, as has been mentioned in the previous sections, as an ethical obligation to social work (Dodd & Tolman, 2017; McCave et al. 2014; Williams et al., 2016, p. 290).

In addition to direct initiatives, many participants described their approaches towards sexuality to be rather indirect and focusing on giving the client the space to decide whether they want to discuss the topic or not. This is also an approach that Bildjuschkin and Ruuhilahti (2010, p. 83–85) and the BETTER model (Sinisaari-Eskelinen et al., 2016, p. 290) highlight in talking about sexuality-related topics. One participant said that in their work unit the staff does not have any specific questions about sexuality, but rather it is seen as something that can be touched upon when talking about other matters of everyday life, if the client wishes to do so. Indirect ways to initiate discussion could thus be simply by building a space for it, by signaling acceptance and safety, or by asking open questions, as can be read from the citation below.

[--] I feel that they won't necessarily dare to bring it up right away, but then, with a question or a statement like 'hey, it takes all sorts to make a world, so which sort are you?', I can make space for it, that this is another thing that you can bring up here.

-Social worker 4

These are work methods that could, in addition to initiating discussion, be seen as methods for creating a supportive atmosphere. In other words, the work methods presented in my analysis are diffuse and overlapping. This can be seen as a representation of how working with sexuality embraces all kinds work methods in a comprehensive way: initiating discussion both requires and includes a supportive atmosphere for handling sexuality-related topics (Bildjuschkin & Ruuhilahti, 2010, p. 83; Dodd, 2020, p. 3–5; Williams et al., 2016, p. 288–290)

In addition to giving space to approach the topic of sexuality, what was described as important was giving space for the client to decline the initiative, if they did not wish to discuss sexuality.

Many participants stated that the approaches and questions need to be formulated so that they leave the client the chance and space to decline.

The possible decline has to be then taken very seriously, since, as another participant stated, it is not even possible to approach something that the client is not ready to discuss. This again brings the work methods with sexuality back to trust and respect between the client and the social worker. The participant brought up that if the client relationship has developed to be functional and trusting, sexuality fits in the work frame as a natural part of working with the client's wellbeing comprehensively. The social worker needs to be able to read situations to see if there is enough trust so that approaching the topic of sexuality would be appropriate and respectful. On the other hand, the social worker has to also have the ability to balance between and the courage to bring things up, which is also included in level of Timing in the BETTER model and suggested by the guidelines of FIHW. (Bildjuschkin & Ruuhilahti, 2010; FIHW, 2020d; Dodd, 2020; Sinisaari-Eskelinen et al., 2016.)

This balancing is of course not an easy task. While respect and sensitivity were highlighted in many responses, so were courage and daring to approach. Some participants brought up that sensitivity and respect are indeed important when approaching sexuality-related topics, but at the same time they cannot get in the way of dealing with vital issues. Too much weight on sensitivity can lead to silence and fear around the topic, if social workers do not dare to make the initiative and bring the topic to discussion. In the worst cases this could lead to enforcing the taboo around sexuality, leaving the client feeling rejected, or grave things, such as experiences of sexual violence, being left undetected. (Dodd, 2020; Myers & Milner, 2007.) Sexuality-related issues were seen as a topic that must be possible to address *directly*, even if they are brought up *indirectly* by the client. One participant saw the balance between sensitivity and daring significant, but they also mentioned that most of the time their clients had been happy that the topic was brought up:

[--] also, the sensitivity is really important, that you give the space to back out, so if it feels like the client is all like 'why the hell are we discussing this', then okay, let's not discuss it. But on the other hand, I have to admit that in my experience it has mostly been so that when you adopt it, they are really happy like 'so nice that you asked', so, often they come along with it.

-Social worker 1

In addition to starting off the conversation about sexuality, initiating discussion (directly or indirectly) means also committing and engaging to the discussion. In the participants' answers,

the form of commitment was above all listening. The participants described their way of listening to be 'active' or 'supportive'. The purpose of such active listening was to be fully present for the client and placing the focus them and their issues and directing it away from the worker and what the worker thinks or has to say. By having active listening as their working method with sexuality, the participants wanted to signal genuine interest and concern towards the client's situation and worries. This could be seen as a core feature in any professional helping work, as is stated by the participant in the citation below. Being actively present for the client and listening to what they have to say are important approaches especially if there are difficult feelings or insecurities connected to sexuality (FIHW, 2020d; Dodd, 2020, p. 151–152; Ritamo, Ryttyläinen-Korhonen & Saarinen, 2011).

I also try to show that I am interested in how they're doing, that I'm interested in their well-being and what we can do for them. And it's a fact that clinical work is mostly discussing. In the end it's quite little you can do other than listen.

-Social worker 2

Network and life trajectory-based approaches

Especially participants who had worked with children, youth and families told that they utilize network and life trajectory-based models in their work with sexuality-related topics. The purpose of these kinds of approaches was to provide sexual education, knowledge about sexual development from childhood to adulthood, and seek forms of support from the client's network. A central aim with engaging a life-trajectory and network perspective to the work with sexuality was to normalize the topic and any questions or worries the young clients or their families might have about sexuality. These aims were in accordance with the suggestions by WHO on good-quality sexual education that is adapted to the children's psychosexual development (WHO, 2010, 2013). Network and life-trajectory approaches to sexuality embrace the notion that humans are sexual beings from birth to the end of their lives (Brusila, 2020c). They can also be seen to reflect some of the basic theoretical and methodological approaches in postmodern social work; systems theory and narrative approaches. Systems theory approaches aim to explore and identify the interactions between clients and their environments, and how they might contribute or provide solutions to the clients' problems (Payne, 1991, p. 137–138). Narrative approaches aim to understand the clients' internal and external interpretations of themselves in their worlds, and they provide tools for identifying the problem, orientating to the future, and empowering the client through exploring alternative narratives (Coulshed & Orme, 2006, p. 128–130).

Quite often when children have questions about what is ok, what you can do with other people, I use that Raisa – how do you pronounce it – Raisa Cacciatore's Steps of Sexuality. Kids are quite interested to look at the pictures and think about what those Steps are and where they are on them themselves, so to me that has been a very good tool to use with those children who have questions about the age they should be having sex or you know, these sorts of questions.

-Social worker 4

The social worker in this citation names the Steps of Sexuality as a central model for their work with children and youth. Steps of Sexuality is a comprehensive sexual education model that illustrates individual sexual development in eleven steps from birth to adulthood. It has been developed and published by the Family Federation of Finland [Väestöliitto] together with the Finnish Agency for Education [Opetushallitus], to be applied for sexual education uses for children, youth, parents and professionals. Steps of Sexuality highlights loving and love as the key elements of sexual education, and it is a description about our how our sexual, emotional and social capabilities and interests evolve in different stages of development. The model approaches sexual education from a child's perspective, and it emphasizes the importance of listening to oneself, appreciating and understanding personal experiences, and personal autonomy. (Cacciatore & Korteniemi-Poikela, 2019; Väestöliitto, 2020b.) This participant said that they like to use a life-trajectory approach to remind their young clients that sexuality is not something that is just black and white, but that it is likely that the thoughts and feelings they have now can yet change multiple times during their life. Such measures to provide sexual education can be seen to represent narrative approaches in social work, and to be a part of the Limited Information-level in the PLISSIT model and stages like Explain, Tell and Educate on the BETTER model.

The same social worker who said that they use Steps of Sexuality model in their work also told that they apply a network perspective with young clients who feel insecure or alone with their sexual or gender identity. This kind of approach utilizes the client's network to find people and situations the client could identify with, which can be seen to reflect a systems theory-based approach (Coulshed & Orme, 2006, p, 54–57). Finding someone to identify with from the clients' network alleviates the feeling of being alone with one's situation and normalizes the experiences and thoughts about sexuality the client is dealing with. Questions regarding sexual and gender identity are not just questions that concern the individual, but they have an impact on their social network as well. This is why network-based approaches to working with sexuality

can work as a tool to support and empower the individual and their identity by searching for sources of validation and meaningful interactions. (Vilkka, 2010, p. 91–103.)

Another kind of network-based work orientation is engaging the client's family in the work, such as described in section 5.1.1. When working with children and youth, this means for example supporting the young client in telling their family about their identity, or providing support to the parents in sexual education of their children. According to the interviews, services that were directed to the whole family, such as in a family counseling centre [perheneuvola] or intensive family care [intensiivinen perhetyö], were an example of a network - or a family-based approach to sexuality was working with the parents' relationship and sexuality. The relationships between adults in families affect the dynamics regarding different dimensions such as communication, emotional closeness, or ways to solve conflicts. Exploring these kinds of network dynamics in the clients and working with them is a central method for social and health care work with sexuality. (Bildjuschkin & Ruuhilahti, 2010, p. 84, 90–93; Brusila, 2020d, 621–623; Jones, 2014.)

And then we came up with that we meet every two weeks and we made this 'Relationship path', it was this sort of overview on their relationship and then I complemented it with these kind of homework assignments that were about sexuality, intimacy and affection and care.

-Social worker 1

In the case that the social worker describes in the citation above, they developed a method to approach the parents' relationship in order to improve the whole family system's well-being. This included concrete tasks given to the clients as well as an anamnesis on the relationship, a theme which has also been covered in section 5.1. Such measures represent the level of Specific Suggestions on PLISSIT – the social worker gave tailored, systematic advice for just this couple. Another participant told that when they had worked in intensive family care, the work had included individual meetings with the parents, which had focused on the parents' own background and childhood. These kinds of approaches had brought up contemplations about their own sexuality in the clients, or even gotten them to share their experiences of sexual trauma. The anamnesis, meaning the gathering of background information, is an important part in charting the client's sexual life. Childhood experiences, attachment patterns, close relationships and past trauma are just few examples of sexuality-related background factors that can have a significant influence on the clients' present lives (Brusila, 2020d, 621–623; Dodd, 2020, p. 56–58) Life-trajectory and network- based approaches reflect sexuality as something that does not regard just the individual, but is also linked to the people around them, and also as something that develops through all of our lives.

Education and guidance

As mentioned in section 5.1., one of the ways in which sexuality becomes present in social work is the need for education and counselling. When clients have a need for information or guidance in some sexuality-related topic, it sets a demand for the social worker to respond to this need. From the point of view of the BETTER model, this can mean Explaining –telling the client about the meaning of sexuality to wellbeing; or Telling or Educating – normalizing concerns and providing useful information to the client. The FIHW's guidelines (2020d) suggest also that the client should not be left alone to seek information on matters that concern them regarding sexuality. Some participants described that providing education and guidance was a work method they used with sexuality-related topics. One participant talked about this approach as 'psychoeducation':

I think that psychoeducation is one thing that I use; giving correct information, [--], and then I also think that psychoeducation has to do with giving information about development and sexuality in general.

-Social worker 5

Psychoeducation is a broadly used term that has its roots in treatment of mental disorders, but it does not have a fixed definition. Generally, it can be said that the term 'psychoeducation' refers to measures that aim to give information and education to the client and their family about the client's concerns and how it may affect the client's life. The aim with this sort of education is to enhance the person's acceptance of their situation and strengthen their coping skills with their concerns. (Atri & Sharma, 2007.) In the context of sexuality, psychoeducation as a work method can therefore be seen as something like what the social worker in the citation above described: normalizing questions, concerns and experiences by giving correct information about the subject. For example, this can mean providing information about sexual and reproductive health, sexual and gender identities, or sexual abuse. Psychoeducation can also be given on a more emotional level, as the social worker in the following citation describes the work method they call 'modelling':

As a professional, I can mediate the fact that there are feelings and that those feelings can be sensed in the body. [--] I can mediate the fact that, 'okay, I see that it doesn't feel good for you to talk about this, so we can return to it at another time.' It's like, I mediate that these things are humane.

-Social worker 1

Here the social worker normalizes different feelings regarding talking about sexuality and verbalizes them to the client. This as well can be seen as psychoeducation on emotions. In the context of this study, psychoeducation can be seen as a part of the PLISSIT model and the level of 'Limited information' in the model: providing general information, normalizing concerns, and correcting common misconceptions with the help of factual information and a positive approach. Psychoeducation can be seen as an important part of working with sexuality-related issues. (Brusila, 2020d; Vuola, 2003.)

Guidance regarding sexuality can also mean referring the client forward to some other professional. The participants told that they had been happy to refer their clients to more specialized service providers when they felt that they did not have the sufficient expertise to help the clients. Such specialized services could be for example the family counseling center, couples counseling of the local Christian parish, or health care. Guidance forward can also be seen to be on the 'Limited information'-level of the PLISSIT model: the social worker gives information to the client about where they can receive correct help and support to their concerns. Referring the client forward if necessary is also one of the FIHW's guidelines. Although, my participants did not see the referring as entirely unproblematic. Some of them expressed concerns that they did not have sufficient knowledge about what kind of different services there is altogether that are focused on sexuality. One participant told that they did not trust that their clients would receive the help they needed from any of the services available. They told that they did not believe that these instances would acknowledge sexuality-related topics and set them on their working agenda with the client. Even though the sexual health services in Finland are an area of political agenda and development, it might still be that the goals of the national program (Klemetti & Raussi-Lehto, 2013) are not fulfilled in the ideal sexual health service sphere.

Language and vocabulary

Another aspect of practical work with sexuality that was considered important was the choice of words when talking about sexuality. This is one of the core aspects of working with sexuality in professional contexts: using inclusive, non-judgmental and non-normative language; and making sure that the words that are used feel comfortable and accurate for both the client and the worker. (Bildjuschkin & Ruuhilahti, 2010, p. 80; Blomqvist et al, 2020, p. 14–17; FIHW, 2020d; Dodd, 2020, p. 9–24; Myers & Milner, 2007, p. 63–67; Trotter et al., 2006.) How sexuality is talked, or not talked about, mediates the attitudes that are linked to it: even well-intended, but uninformed statements can be hurtful and enforce categorizing and discriminating attitudes

(Myers & Milner, 2007; Williams et al., 2016). Several participants brought forward how they think that avoiding such taboo-enforcing language and engaging to inclusive vocabulary is very important when working with sexuality. This meant that preparing in advance and making careful considerations about which words to use and how to formulate thoughts was a central part of approaching sexuality-related topics.

So when I start with that, I think a lot about which words I use and I prime it well, especially I try really hard to land on the theme with sensitivity and empathy.

-Social worker 1

*To me it's always awfully difficult, especially because I'm myself very straight indeed [*laughter*], so it feels really challenging to talk about these things so that it wouldn't be somehow moralizing, or like, discriminating or making it sound abnormal, but more like thinking about sexuality and gender as spectrums, and talking about how much there can be variation... [--].*

-Social worker 4

The choice of words is by no means an easy task, when such a delicate theme like sexuality is handled. Many other participants also expressed that they had been stressed about whether they are able to use the right language that wouldn't hurt the client, as was also discussed previously in Chapter 5.1.2. Like the participant in the latter citation states, they identify as heterosexual, which means that they have not experienced a need for being addressed inclusively as someone representing a sexual or a gender minority would need. This is in line with results of Schaub et al. (2016) about that non-heterosexual social workers are less likely to hold on to normative beliefs about sexuality, probably because of the exposure of normative beliefs they themselves have encountered. Hence, people who fit in the norm of heterosexuality do not have the need to rethink the language use that the norm has created, since it automatically applies to themselves. They can find it challenging to widen their way of speech about sexuality so that it is more inclusive.

Despite the experienced challenge, my participants expressed that they want to use their language to approach sexuality from the perspective of inclusiveness, diversity and acceptance. A central way of working with sexuality in the interviews, and counteracting the difficulties, was talking about the topic in a normalizing way, as something that is full of diversity. The precondition for the social worker to do so is being in terms with their sexuality. This brings us back yet again to the importance of reflection on professional as well as personal levels to sex-

positive social work. (Brandon-Friedman, 2017; Dodd, 2020; Myers & Milner, 2007; Trotter, Crawley, Duggan, Foster & Levie, 2009.)

Reflecting the methods against FIHW guidelines, PLISSIT, and BETTER

When comparing the work methods my participants described with the guidelines of FIHW, PLISSIT, and BETTER, it can be stated that many of their methods actually represented the components of those models. Both the workers' methods and the models also correspond with basic social work skills and their theoretical backgrounds, such as systems theory; narrative approaches; open communication and interaction with the client; guidance and counseling; psychosocial approaches that aim to understand the client's experiences and feelings; and task-focused interventions that are centered around solving problems according to the client's needs. (Coulshed & Orme, 2006; Karvinen, 1996a; Payne, 1991). As it was stated in chapter 3.3. – *Examples of work models for addressing sexuality*, there is not much research or literature on applying FIHW's guidelines, PLISSIT or BETTER to social work. The observations that I have made in my analysis of the social workers' work methods in relation to the models for addressing sexuality give support to the notion that these models are applicable and could be useful to social work practice.

What of course has to be noted here is that the contexts of social work are of many kinds, and thus it cannot be argued on the basis of my observations that virtually *all* social workers in *every* situation would benefit from applying these models. Social work is done in such varying contexts, which means that there are also varying needs to apply models for addressing sexuality. Despite this, it could be stated that detailed and structured guidelines on how to address sexuality, such as what the FIHW and BETTER model offer, could be of assistance especially for social workers wrestling with the balance between sensitivity and the need for addressing things directly. PLISSIT, in its turn, can provide a useful tool for social workers to reflect on the levels of expertise that their clients' issues require. Are the issues something the social worker can respond to in the context of their everyday professional practice? Or are the issues something that require further training and expertise from the worker, or referring the client to another professional? These aspects of PLISSIT, as well as the guidelines of FIHW regarding implementing sexuality-related approaches to work, offer concrete possibilities to increase social work's abilities to respond to its clients' needs.

5.2.2 Experiences about personal resources in working with sexuality

Lack of support from basic training

From basic training? Nothing. I don't think sexuality was mentioned at all.

-Social worker 1

Well, it's like, I think that, unfortunately I haven't received any.

-Social worker 5

Nada. If it wasn't for my own interest, then no, nothing.

-Social worker 6

These are all responses to my question about what kind of support from their basic training my participants experienced that they had received in sexuality-related themes, if any. Every participant was very explicit on the fact that the training and knowledge about sexuality they had received during their studies in social work was minimal or non-existent. Some mentioned that the theme of sexuality had been touched upon in their studies, but only in the context of sexual abuse and violence. Even though all my participants had taken their degrees and courses several years ago, a superficial glance into the current course supply of social work in Finnish universities showed that little change has occurred in the visibility of sexuality in social work training. During the time of writing this study, the only university in Finland offering any explicitly named course related to sexuality was University of Turku with its voluntary master's-level course on social work and gender (University of Turku, 2020). Other universities did not provide any courses with the words 'sexuality' or 'gender' in their titles, although it has to be noted that the courses might still have some content related to sexuality that is not inferable from the course title (Tampere University, 2020b; University of Eastern Finland, 2020; University of Helsinki, 2020; University of Jyväskylä, 2020; University of Lapland, 2020).

The experiences of my participants and the observations made from the curricula of Finnish social work university programs are consistent with the body of research conducted on the relationship between sexuality and social work education. As noted in chapter 3.1 – *Previous research*, the lack of sexuality-related content (especially from positive, non-normative perspectives) is a phenomenon that for some reason has persisted in social work education all the way from the 1970's, when new ways of perceiving human sexuality started to develop in the field of social work profession (see for example Galarza & Anthony, 2015). Giertsen (2019) found that only 0.08 per cent of the course material in Norwegian social work Bachelor programs addressed sexuality in 2013–2014, and only 0.08 percent of the sexuality-related material addressed heteronormativity. Giertsen's results from Norway, a neighboring country to Finland, as well as the work of researchers presented in chapter 3.1., support the notion that my

participants did not perceive that they had received support from their education to work with sexuality.

Personal interest and familiarity with sexuality

One of the most central sources for competence for working with sexuality that the participants told about was personal interest and familiarity with the topic. This is in line with the results of Hall et al. (2017) about things that promote social worker's possibilities to work with sexuality and sexual health. According to Hall et al., personal interest to the subject is one of the strongest factors that affect social work personnel's work with sexuality-related matters. All of my participants said that they have a willingness to work with sexuality, and the majority of them also told that they have a special interest towards the topic. This interest acted as a motivation to seek information and enhance one's knowledge about sexuality by looking things up. A similar pattern was found in the interviews with UK social workers (Schaub et al., 2016). Seeking knowledge and keeping up with the latest research is also a part of the FHW guidelines (2020d), and Bildjuschkin & Ruuhilahti (2010, p. 102) even see acquiring further training in sexuality to be a part of the Educate-stage of the BETTER model. A participant told that this had been their method with anything else as well; to start exploring the topic if they come across something they do not know. Another participant told that they also use their personal network as a source of understanding for different kind of experiences by asking her friends and close ones about how they feel about representing a sexual minority, for example. Personal interest and the motivation to seek knowledge and get familiar with the subject of sexuality was thus not just tied up to information, but to gaining understanding through encounters as well.

But it depends on yourself, which courses you participate and those sorts of things... And if you think about diversity, it's like... In my opinion, you just have to go towards those things and encounter different kinds of people and that's when your understanding grows... Not just with knowledge but with encounters too.

-Social worker 3

In addition to personal interest, this participant saw that encounters are an important way to enhance one's competence in working with sexuality-related topics. This view is supported by a body of social psychological research on reducing prejudice: pleasant contact between groups can have a positive impact on the strength of prejudice and stereotypes (Smith, Mackie & Claypool, 2015, Chapter 5). By seeking contact with different client groups and topics, the social worker can increase their skills and understanding, and decrease the risk for harmful and discriminating approaches with clients.

Some participants had also manifested their special interest by having qualified as sexual therapists. These participants told that their motivation to become sexual therapists was to complete their knowledge and work possibilities, because just social work and its opportunities did not feel sufficient. Again, in line with Hall et al. (2017), this social worker and other participants with special familiarity with sexuality, told that their expertise had increased the number of sexuality-related tasks in their work. Many told that they were working in teams in their workplaces, and these teams were structured so that they applied the different areas of expertise of their members. Although, this was not the case in all workplaces, as comes up in the following subsection.

The varying support of workplaces

The participants' experiences about the support they had received from their workplaces to work with sexuality had considerable variation. This variation did not seem to depend on the fields of the workplaces: both neglect and support towards working with sexuality came up in the workplaces, regardless of whether the clients were families, adults, immigrants or children. Models for working with sexuality, such as the FIHW guidelines and BETTER, recommend that workplaces should form their own models for addressing sexuality that would be integrated in the work community's procedures. Some participants told that their employers were very encouraging when it came to including sexuality in the working frame, whilst others told that their employer did not see sexuality as relevant content to the workplace at all. In workplaces where sexuality-related topics were acknowledged, the employer's support could be in the form of resources; such as literacy, trainings, and supervision [työnohjaus] that also takes sexuality-related topics into account; and in the form of overall positive attitude towards the employees working with sexuality. Organizational recourses, such as time, an official mandate from the employer to work with sexuality, and discussing sexuality-related topics in the workplace are factors that have been shown to have an influence on the possibilities of social workers to work with sexuality (Hall et al., 2017).

[--] we have a really good library where there's a lot all kinds of books and we have really good supervision and an amazing boss, who's by no means a professional in the field [of sexuality] but is able somehow talk about everything and has had such a long career that they can see sexuality as an important part of parenthood.

-Social worker 1

If I find an interesting course, I'm allowed to participate, and in work they encourage us to keep up with the latest research.

-Social worker 2

The importance of keeping oneself updated on knowledge and skills about sexuality was discussed in the preceding section, *Personal interest and familiarity with sexuality*. The citations above show how the possibilities to get more familiar with the topic of sexuality are tied to the attitude towards sexuality in the workplace. The workplaces that were supportive were described to have a culture that encourages discussion among teams and colleagues about sexuality-related topics that come in client work. Employees with special interest towards sexuality were given the opportunity to utilize their expertise in their work, and the workplaces also applied the workers' expertise to educate other members of the work community about sexuality. All in all, the most central factor that characterized workplaces that were experienced as supportive, was the recognition and acknowledgement of the relevance of sexuality to social work.

Not surprisingly, experiences about non-supportive workplaces had the exact opposite characteristics regarding sexuality, compared with the supportive ones. Participants with these kinds of experiences described that they had been mostly relying on themselves in gaining their skills in working with sexuality. The employers had not encouraged the workers to train themselves or include sexuality in their working frame, nor did they see sexuality as relevant content at all:

[--] I think that, there's not a single training that my employer has provided to me regarding this. So I've been depending more upon the information I've acquired by myself and through my work experience.

-Social worker 5

Yeah, no, it's like... It's like 'this doesn't concern us.'

-Social worker 6

Consequently, sexuality was described to be an almost invisible theme in these sorts of workplaces. According to the participants, sexuality was rather seen as something that belonged somewhere else, like healthcare or special services, but not to social work. The employer did not recognize the workers' expertise or motivation to work with sexuality, and there was no culture of colleagues consulting each other in sexuality-related matters. The participants told

that they felt that they did not have a mandate from their workplaces, explicit or implicit, to concentrate on sexuality in their work.

5.3 Thinking about sexuality

Apart from experiences, feelings and work methods, my third research question handled the attitudes and perceptions of social workers about sexuality as social work content. Perspectives that characterized the thoughts my participants had about the role and place of sexuality in social work were *sexuality as a part of life and well-being*; *sexuality as part of structural social work*, and *sexuality in the client process*. Especially the participants' views on social work's position in life and well-being and structural social work followed the principles of sex-positivity, and the suggestions presented in the sex-positive frameworks for social work by Dodd & Tolman (2017) and Williams et al. (2016), that were introduced in Chapter 2.3 – *Sex-positive frameworks for social work*

The *suggestions on improvements needed* that the social workers had about the relationship between sexuality and social work handled mostly integrating sexuality more profoundly to social work and strengthening sex-positive approaches. In this area as well, their views were consistent with the ideals of sex-positivity. In addition to asking my participants about what should be developed, I also wanted to know if there were something in the ideal of incorporating sexuality more to the social work practice that should be viewed from a more critical perspective. In their *reviews on possible limitations*, some did not see any problems at all in the idea of strengthening the presence of sexuality. Others presented concerns about whether there are enough time and resources to carry the improvements, and whether the social workers would have enough skills and abilities to self-reflection to secure the quality of the sex-positive practice.

5.3.1 The role and place of sexuality in social work

Sexuality as a part of life and well-being

All participants stated that they think that sexuality has a place as content for social work. When I asked why they thought so, the responses were centrally linked to the notion that sexuality is an essential part of human life and well-being, and thus a relevant theme for social work. Sexuality was seen as something that belongs to everyone in some shape or form, and it lies on the background, linked to people's lives and issues, whether it is acknowledged in social work or not. In other words, the attitudes my participants exhibited towards sexuality were in accordance with the basic principles of sex-positive social work. They also connected sex-

positive approaches to sexuality with the values, aims and tasks of social work, which also represents a sex-positive approach to sexuality. (Dodd & Tolman, 2017; Williams et al, 2016.)

[--] we, after all, work with humanly well-being comprehensively, so regardless of the focus of the work, it's a fact that sexuality is always there somewhere; in some part of our well-being.

-Social worker 1

Sexuality was seen as even so essential that it was compared to food by one participant: everyone needs it, and it is so important that in several cases sexuality-related needs are much more vital than a lot of other things. In other words, sexuality was depicted in the interviews as something that considers us all and is not solely a question of specific groups. This perspective is comparable and in line with sex-positivity and Dunk's (2007) concept of everyday sexuality. The participants also brought up that because of this universal nature of sexuality, it has multiple implications to different themes that connected to social work. Such themes that were named in the interviews were: infertility issues, sexual violence, mental health, body-image, pleasure, sexual orientation, international marriages, and seeking asylum. Because of this, sexuality was defined as a central social issue and a necessary theme to acknowledge in social work:

[--] and for sexuality there is some [services], but they're all on the health care side. And I'm thinking like, hello, this isn't just a health issue, this is very much a social issue as well.

-Social worker 6

These types of views placed sexuality as a parallel theme with any other interest of social work. According to the participants, the bare minimum that social work could do is to embrace the understanding that sexuality is a part of human life that can steer and affect multiple aspects that are relevant to social work. Social work and social workers need therefore to be able to address, acknowledge and work with sexuality just like with any other sensitive theme that is relevant to the field, such as substance abuse issues or mental health problems.

The participants saw that it is social work's task to understand the positive and universal nature of sexuality in practical work. This means promoting more systematic and positive approaches to sexuality in social work, to replace the traditional, problem-centered perspectives.

Well I think that it's such an important part of life. All kinds of human life. [--] and then, social work after all is quite problem-centered, so I'd hope that this would be a matter that's

discussed with everyone or asked from everyone. Because when it's discussed with everyone, it would be possible to also provide space for those experiences that maybe aren't that normal or are in some ways harmful.

-Social worker 2

Concentrating on the negative and lack of systematic approaches were seen to lead to the fact that sexuality will only be addressed when there is harm and problems connected to it. Systematic and positive coverage, in its turn, was seen normalize sexuality as a theme altogether, and thus even to give space to experiences that have been negative or atypical. This would broaden the possibilities for social work to detect, for example, sexual abuse. A participant suggested that discussing sexuality in this normalizing way would be of importance especially with children and in out-of home care [sijaishuolto], since the children that have been placed to live outside their homes are at high risk to become victims of sexual abuse. Children and youth in out-of home care were five times more likely to experience sexual violence than children living with their parents in 2017 (Ikonen, Hietamäki, Laakso, Heino, Seppänen & Halme, 2017). Educating the children and youth about safe sexuality, guiding parents how to encourage their children to be safe, and encouraging clients to share their harmful experiences would be measures to implement more positive approaches to the work according to this participant. Sexual education of children from sex-positive perspectives is considered to be one of the best ways to prevent sexual abuse (Halonen & Sassi, 2020).

All in all, many participants brought up that they thought that the taboo around sexuality decreases well-being. Situations and thoughts that could be considered perfectly normal could cause people anxiety and distress because of lack of information and taboo-based shame. Social work was seen to have a good chance to see and acknowledge its clients as sexual beings, and to treat sexuality as something positive, acceptable, and as a source of resources in life.

Sexuality in structural social work

The relationship between social work and sexuality was also seen to have structural perspectives to it. The term 'structural' in this context refers to structural social work. Structural social work aims to detect and counteract such structures and mechanisms in the society that cause distress and suffering in communities. Structural social work happens through collecting and analyzing data on social phenomena, taking part to legislation and administrative decision-making, and strengthening the inclusion and involvement of communities to municipal decision-making. The basic element of structural social work is to lift up and make visible the problems, needs and

strengths of the clientele of social services and the communities around them. (Ministry of Social Affairs and Health, 2020; FIHW, 2020a.)

In the narratives of my participants, one of the most central aspects of this structural dimension between social work and sexuality was social workers taking part to public discussion. This could mean writing letters to newspapers, acting as experts in publicity, or taking part to discussions around current sexuality-related topics on online forums and social media. By participating to the public discussion, social workers could promote, for example, sexual education and raise awareness about healthy sexuality. The participants saw that social workers have the opportunity to do such structural work that would abolish the taboo, normalize discussion around sexuality, and prevent problems related to it through positive approaches. In these matters as well, the views of my participants conformed with the frameworks of integrating sex-positive approaches to social work on different levels of communities, societies and policy-making (Dodd & Tolman, 2017; Williams et al., 2016).

In addition to public discussion, another dimension of structural social work regarding sexuality lay in the actual work practice. According to a participant, social workers have the ethical obligation to bring out injustice and to commit to treating the clients in an inclusive and respective way. This means promoting equality and equity through the everyday actions of organizations and client work: seeing everyone as they are and how they want to be seen, letting the clients define themselves, and not making any assumptions. These ground-level actions were seen as a critical precondition to any structural work measures on higher levels in organizations and in the society, and they are also included in the sex-positive frameworks of Dodd and Tolman (2017) and Williams et al. (2016) for social work.

But then, I'd also start with the fact that, it's not until our everyday practice represents it, that we can be involved in taking a stand to it on the structural side. On the other hand, changing the small pieces as a part of the bigger picture in itself is structural work in my opinion, and I also think that what's being left unnoted is also structural work, but it's something that's against these things. That not doing something is as much structural work as promoting something is.

-Social worker 2

The basis for further structural work can be thus seen to be formed in the individual actions by individual workers. This participant even stated that what matters as much as what we do is what we leave unnoted and undone. This defines avoiding the topic of sexuality and the silence

around it as structural measures against it. (Bildjuschkin & Ruuhilahti, 2010; Dodd, 2020; Kurri, 1997, p. 48–49; McCave et al., 2014; Myers & Milner, 2007.) Doing or not doing something were depicted as choices that surface in the everyday practice and represent social work as a moral profession that executes institutional power in its actions (Kurri, 1997, p. 48), like this participant stated when they continued with the subject:

It's a choice whether you ask someone what's their gender, versus asking 'are you a man or a woman'.

-Social worker 2

Sexuality in the client process

In addition to sex-positivity and structural factors, another thing that was seen to define the relationship between social work and sexuality was the context of the client relationship and process. Because sexuality is such an intimate theme, a trusting relationship is required between the client and the social worker to handle it, as has been presented in Chapter 5.2 (Lee et al., 2017, p. 323; Williams et al., 2016, p. 290).

I think that... That different things are possible in different phases of the client's process. That sexuality is after all an issue that lies quite deep within.

-Social worker 5

The phase and nature of the client process affects the trust and depth of the client relationship and, therefore, the appropriateness to address sexuality. Factors that were seen to have an impact on social work's possibilities to work with sexuality are whether the client relationship is estimated to be brief or longer, the purpose of the client contact, and what kind of services the relationship takes place in. In a client contact that is in its beginning, brief in its duration, or has a clearly outlined focus or a goal, it takes different measures to address sexuality compared with a longer and deeper contact (Bildjuschkin & Ruuhilahti, 2010, p. 83).

I think that it probably depends field of social work you're working in. [--] So that, in a way, the phase of social work's process you're working at has a huge effect on the possibilities to encountering and building, and for example, how long is the estimated duration of the client relationship... [--] if it's a brief one, I think that, you need different skills than when you walk along with the client for a long time.

-Social worker 5

These aspects, like the duration or the depth of the client contact, are defined by the institution and the organization where the work is executed: many participants brought up that things like whether they are working in a private organization, as municipal officials, in the emergency services, in schools, and whether they are working with individuals or groups, make a great difference to their opportunities to work with sexuality. Different institutions in the network of social services have different areas of focus, which means that different kinds of clients come into them and require different kinds of relationships with the social workers. These institutions have also different kinds of organizational structures, resources and leadership, which also has an impact on the possibilities to work with sexuality-related issues.

In addition to the client relationship and the organizational context, what also defines the relationship between social work and sexuality is the way the client contact relates to the client's other services:

No, of course there're a lot of different actors where you can get help for these things, but if you're there, as a part of the conversation, or somehow like haunting in the background, it would be actually really good that all of us professionals could at least in some way be able to be near that theme.

-Social worker 1

This participant brought up that it would be beneficial for social workers to be prepared to handle sexuality-related issues as parties of the client's service network. Even though it would be some other service, like health care, that took care of the client's sexuality-related issues, social workers should still acknowledge the theme and be available for handling it. This kind of inter-disciplinary and inter-services cooperation is also one of the ideals presented in the national program for promoting sexual health (Kero & Merta, 2020; Klemetti & Raussi-Lehto, 2013).

5.3.2 The potential of working with sexuality

Suggestions of improvements needed

How could the encounters between social work and sexuality be improved, then? The participants' suggestions of improvements regarded mostly developing social work's expertise, on one hand through basic training and on the other hand in the sphere of work life. In the case of basic training, most participants expressed a wish that sexuality would be a more visible theme in it. Many suggested that universities could offer voluntary social work courses that are specialized in sexuality and sexual health, so that those who are interested would be able to

study the theme. It was also brought up that more emphasis on practical training and, for example, bringing more experience experts to educate the students would give new social workers a better capacity to work with all themes of social work in general, including also sexuality. This meant, for example, having people who represent sexual or gender minorities or other dimensions of sexual and gender diversity to come and educate the students. Experience experts are persons who have personal experiences about different social phenomena and have trained themselves to give education to professionals in social and healthcare and take part to working with the clients of these services (Hietala & Rissanen, 2015). It was also stated by the participants that more research on sexuality in the field of social work is needed and should be promoted. Strengthening the presence of sexuality in social work curricula and scholarship by increasing the number of courses available, focusing on practical skills, and doing more research is also something that is suggested in the literature on the subject (Galarza & Anthony, 2015; McCave et al. 2014; Morton et al., 2013).

Many participants also hoped that with increasing the visibility of sexuality in basic training, approaches would also be mostly positive, and even more importantly: less problem-centered. As mentioned earlier in this study, some workers had had some education about sexuality during their degree in a university, but the perspectives had been solely focused on sexual violence, abuse, and trauma, and the struggles experienced by sexual minorities. As discussed in the earlier chapters of this study, the focus on risks and problems is considered very harmful in the work with sexuality-related issues. (Dodd, 2020, p. 3; Kurri, 1997, p. 48–49; Myers & Milner, 2007). One participant suggested that by talking about things as problems, social work actually takes part to processes that create those things into problems through cultural discourses. This is in line with what Juhila (2006), for example, has written about social work's role as a creator of social problem-discourses. According to Juhila, social workers take part to framing different phenomena as social problems by presenting different things and situations as problematic, from their status as trained experts. The participant verbalized this notion by stating that even though the stigma and oppression related to some sexuality-related themes should be acknowledged, social workers cannot simply define the clients' identities as problems without asking them first:

Of course it's good to acknowledge that there are such structures, there are things that cause inequality, and of course it's good to acknowledge that, say, sexual minorities are in the marginal, but we have no reason to keep them in the marginal or put them into the marginal, because most of the people that represent sexual and gender minorities wouldn't see it [their identity] as an issue if the surrounding society didn't see it so.

-Social worker 2

When it came to improvements in the work field, the most central suggestions were, again not surprisingly: more acknowledgement and more discussion of sexuality to social work. What was considered as significant to the acknowledgement of sexuality in the work was the role of the employers, leadership and municipalities: they would have the power to promote sex-positive attitudes to the organizations, encourage and recognize the worker's expertise, provide more resources and funding, and provide more possibilities to social workers to train themselves in the field. It was also suggested that teams and work communities could include specialists, such as sexual counselors or sexual therapists more into their activity.

Regarding the need for more discussion, some participants stated that social work should take more part in the discussion around sexuality-related topics both publicly and within the profession. Participants also saw that social work could have potential in taking part to developing different work and support methods with sexuality. As has been previously mentioned, one worker also hoped that there would be more development on a national level in the relationship between sexuality and social work. They called for more general and systematic procedures and approaches to sexuality all over Finland, regardless of the region, because they did not think it was enough that individual workers implement sexuality-related expertise in their work. Discussing sexuality both within the profession and with communities are also suggestions presented by the sex-positive social work frameworks (Dodd & Tolman, 2017; Williams et al., 2016).

What good would follow from these improvements then, in practice? All in all, the participants saw that with these measures humanly well-being in the society would be generally improved. When it would be easier to address the topic of sexuality, no one would be left alone with something just because it was too awkward to bring it up.

*[*sighs, thinks silently*] Well it would make people's lives a lot simpler. It's a heavy burden to carry uncertainty and confusion and. [--] People would be more comfortable in their own skin and would be able to say that 'this is confusing to me, and I don't know where I am with it but...'*

-Social worker 6

The participants also saw that the relationship between social work and sexuality could increase the competence of social workers to encounter all kinds of people. Being able to work with a

sensitive topic, such as sexuality, has been suggested to improve the overall competence of social workers (Areskoug-Josefsson et al., 2019; Dodd, 2020). According to my participants, this would also add to the possibilities of clients to trust social workers, when they would know that sexuality-related issues are something that they can discuss with a social worker. The social worker's competence was seen also to improve in a way that they would understand harmful structures in the society that can cause suffering in their clients' lives:

[--] bringing those things up, adding up to that acknowledgement and understanding can increase social workers' abilities to put themselves in the individual clients' position, to understand that somehow this system of ours can in a way belittle and disregard; someone's life's questions regarding their relationships, sexuality, well-being can become completely belittled and disregarded.

-Social worker 5

Better and broader competence, together with higher trust from the clients, was also seen to increase the overall respect for social work as a profession in the society. It can be stated that the topic of sexuality holds great potential for social work to deepen its expertise, and to expand its possibilities to work together with its clients.

Reviews on possible limitations

Even though the attitudes presented in this study and by its participants are remarkably positive towards increasing the presence of sexuality-related themes in social work, it would be unthoughtful to claim that this would be possible to carry out without any problems or a need for further considerations. This is why I found it important to also report whether my participants found there to be any disadvantages or even harms in including sexuality more to social work. Their reflections on the matter varied to some degree on whether they saw that there could be problems or not. Some saw that there would be no disadvantages, since sexuality fits without any issues to social work's agenda, and it will not take too much space from other issues:

I can't just right now come up with what harm there could be in it. When after all it's humanity, and humans, and equality, and all this we work with, I can't really understand what harm there possibly could be.

-Social worker 5

Well of course there can be this thought that will it take time from something else. But In my opinion the answer is no, because it doesn't need to be a long discussion.

-Social worker 1

What comes to more critical reviews, the question that Social worker 1 talks about becomes central. While they saw that including bringing up sexuality to the working frame of social work would not be a too big an investment, another worker brought up reflections on whether the inclusion would be functional at all times:

[--] then of course, there's a lot of other things that as well would need to be systematically addressed. So, is there a humongous question artillery with every client then [--].

-Social worker 3

Especially in client processes that are at their beginning, there are a lot of things that the social worker needs to know and ask from the client in order to chart their situation and need for support. The social worker in the citation above points out that sexuality is by no means the only thing that needs more highlighting in client work, and the ideal of including virtually everything that feels important to the working frame would most probably produce those “humongous question artilleries”. This, in its turn, could probably be unfunctional from the perspective of the client relationship, since the focus would transfer from the actual interaction between the client and the worker to just performing through a list of questions to make sure everything is covered accordingly. Hall et al. (2017, p. 11–12), discuss this matter through contemplating on professionals being able to work with sexuality across the whole scope of social work services vs. services that are specifically focused on sexual health. Hall et al. (2017, p. 12) state that “If everything is prioritized, nothing is prioritized”, but they also contemplate whether tackling the ‘question artilleries’ by limiting sexuality-related themes only to specified services will weaken important, sexuality-related skills of social workers who work outside those services.

Another perspective to implementing sexuality more to the social work's areas of interest was the perspective of resources and the actual implementation process. One participant thought that increasing the inclusion of sexuality to social work's practice could at first cause problems related to finding sufficient time and financial resources to include sexuality in the working frame. Though, they saw this only as a temporary problem, and that in the long term the implementation problems would be solved, and it would all be worth of the troubles. It is also stated in the national program for promoting sexual health that a large part of the suggested improvements would be possible to execute with current resources (Kero & Merta, 2020;

Klemetti & Raussi-Lehto, 2013). Another worker did not see anything else to be problematic other than the risk that the implementation would be carried out poorly. According to them, strengthening the presence of sexuality-related topics would be potentially more harmful than beneficial if it would be handled very superficially, like by solely learning different rules and actions, and not by engaging to a profound change in how social workers see sexuality.

The skill that was considered to be significant to this sufficient competence to work with sexuality was, in line with the ideals of sex-positive social work, self-reflection. In order to be able to work with intimate themes, the social workers themselves should be aware of their own personal relationship with sexuality. (Bildjuschkin & Ruuhilahti, 2010; FIHW, 2020d; Dodd, 2020; Myers & Milner, 2007). The worker needs to ask questions of themselves and strive for an honest acknowledgement of their preparedness and competence to work with sexuality, as well as of their prejudice and stereotypical assumptions, as comes up from the following citation:

You have to be able to deconstruct your own prejudice and stereotypical thinking and see that they don't have room in the client work, because you can't do very much with them. You have to at least understand the fact that you have them, that you acknowledge that okay, now I am assuming that this is like this and this.

-Social worker 2

Up to this part of this study it has been highlighted in the participants' answers that it would be beneficial if all social workers would be at least on some level be prepared to work with sexuality. Here comes up an important perspective to the matter, in the form of self-reflection: even though a social worker would be willing and motivated to work with sexuality, they still have to do the spiritual work to acknowledge the limits of their expertise. Reflecting this against the PLISSIT model, it can be said that a social worker needs to be aware of the levels of expertise that different sexuality-related issues require. In the citation above, self-reflection on prejudice and assumptions is defined as a profound way of thinking that goes beyond learning words and actions that are considered inclusive. Prejudice and stereotypical thinking are depicted as something that everyone inescapably has and does, but it becomes the social worker's task to become aware of their own biases and strive for a deeper understanding of diversity.

The risk for defective implementation was also brought up as a broader question of the expertise of social workers. One participant saw that there can be a risk that the work would become biased by prejudice and become harmful, if social workers start to approach the subject of sexuality without the sufficient expertise and reflection. There were also reflections among the

participants about sexuality-related subjects that social work might not even be able to work with, such as severe trauma.

Because of these aspects, it was expressed that in case social work would start to engage with sexuality-related topic more, there would be a need for discussion about what are the limits of social work's expertise. The discussion includes questions about what the borders between social work and other professions are, as well as about what are the borders between social work's power over the clients and the clients' rights to autonomy. Another important matter is the question of which topics belong somewhere else than social work, and which are such that social work should be prepared to tackle? For example, the participants presented varying opinions on to which degree topics such as contraception or sexual education belong to social work. Thus, it can be seen that even though every participant was positive about integrating social work more to working with sexuality and sexual health, the consensus on the content and degree of this integration is still unclear within social work.

6. Concluding discussion

Central observations from the analysis

All social workers I interviewed told that sexuality-related topics had been in at least some ways present in their work during their careers. But even though all participants had encountered sexuality-related topics, they also told in various ways about their experiences when sexuality had *not* been present in their work. So, parallelly with the different situations and contexts my participants had encountered sexuality, an important part of their experiences with working with sexuality was also its invisibility in their work. In a way, this invisibility can be seen to have been a part of the other experiences, too: in many of the answers, sexuality was often something that was not explicitly present, but something that revealed its meaning to the situations only later on, after some time passing and some trust having been built between the worker and the clients.

All in all, the topic of sexuality was both present as an underlying theme that was not the initial reason that had clients seek contact with a social worker, and something that the social workers themselves had to bring up with clients in order to provide accurate information and guidance in healthy and safe sexual growth and relationships. Although, some of my participants also reflected on the notion that sexuality might not always, or at least not in all times, be the most relevant content to social work. These observations could therefore mean that social workers need at least to be able to acknowledge that sexuality might be an underlying factor that affects the issues of their clients. It would be too bold to state that sexuality should be included to all social work as, for instance, a dimension of initial assessment, since the evidence of this study does not unfortunately reach that far. But what maybe can be stated is that it is a theme that should be borne in mind both in the social service system and in the work methods of individual social workers.

The participants in this study had encountered sexuality in various ways in their work. Sexuality-related themes came up in the form of the need for education and guidance when clients had questions and concerns that were related to sexuality. Even though the concept of sexual education is something that is most often associated with children and youth, sexual education is considered to belong to everyone from birth to adulthood (WHO, 2010). The social workers had also encountered sexuality-related topics in situations that were related to relationships, family and everyday life. The clients' needs for education and guidance, and the linkage between

sexuality and family dynamics bring out some central skills that are needed from social workers in order to work with sexuality, according to this study: firstly, social workers need to be able to provide sexual guidance. Sexual guidance is a subfield of sexual education, and it means providing information and affirmation regarding sexuality in any kind of clinical work, such as social work. Sexual guidance is considered as something that every social and health care professional should be able to do in their everyday client encounters (Kero & Merta, 2020, p. 736-737; Klemetti & Raussi-Lehto, 2013, p. 40). Secondly, social workers need to be able to treat relationships, parenting, family dynamics and sexuality in a way that acknowledges that they intertwine with one another in everyday life and need to be taken into consideration in professional encounters with the issues faced by families and their members. (Bildjuschkin & Ruuhilahti, 2010, p. 90–93; Brusila, 2020c, p. 168–170; Myers & Milner, 2007, p. 87–93.) In other words, social work needs to integrate sexuality to its systems theory approaches to working with families and relationships, acknowledging the interactions that sexuality has with those systems.

Another type of the participants' experiences of working with sexuality was issues related to vulnerability. Despite the positive focus on sexuality in this study, many of the participants' encounters with sexuality had happened when there was something harmful connected to it. Although, many participants presented sex-positive values by disclosing that they thought it was a pity that sexuality was so often handled in such negative and harmful contexts and wished for more positive and open approaches to counteract the problem-centered attitudes towards sexuality. The issues that came up in the interviews varied from sexual risk behavior of adolescents to sexual violence, human trafficking, and the threats to the sexual integrity of people suffering from poverty. In these contexts, sexuality became the interest of social work because there was harms and risks that were seen to connect with it.

Sexual violence and sexual human trafficking are phenomena that are clearly and undeniably connected to risks, problems and vulnerability in sexuality, and they definitely need to be acknowledged as such. But, outside them, depicting the topics of sexual risk behavior, sex as a commodity, and social assistance for the clients' sexual needs as problems are something that can be disputed. Sexual risk behavior is prevalent in different populations (Klemetti & Raussi-Lehto, 2013), but it is often especially associated with teenage girls (Kuortti, 2012, p. 35–39). This association was also visible in my participants' experiences: when they told about encountering sexual risk behavior in their work, their reports were only about young girls. The question that needs to be asked is; who defines what is seen as 'risk behavior'? And why does it so often associate with young girls? In the case of selling sex, a similar question about who holds the definitive power can be asked. As previously noted, sex work does not need to be a risk, nor

an issue of social work. But when is it a risk? When does selling sex become problematic, and how can social workers detect this and help the client without condemning their actions? And regarding social assistance, a social worker can have financial power over the client's sexuality through, for example, denying the client's access to medication that allows them to commit sexual actions. It might be important to reflect on this power status, and questions about when social workers have the right to make decisions that affect people's sexual lives, if ever.

My purpose with presenting these questions is not by any means to deny the potential harm and violations of sexual integrity that can be connected to the phenomena mentioned above. Rather, I want to demonstrate how these encounters with sexuality as a source of risks my participants have had can indeed represent a client's vulnerable position in the society, but they can also represent the institutional power the social workers are able to execute over their clients' lives. It is important that we ask those questions from ourselves as professionals, and that we integrate this critical point of view to the interactions of sexuality and power to social work education, practice and research even more than we do now.

About situations where sexuality had clearly been an absent theme in their work, social workers described that this invisibility stemmed from a lack of systematic approaches and a wide lack of a mandate from an organizational level to work with sexuality. Sexuality remained invisible in the work, because addressing it was not a part of the work frame and because employers and work units did not recognize it as an important theme to work with. These sorts of organization-related factors have been discovered to be some of the most significant factors in making it possible for social workers to work with sexuality-related topics (Hall et al., 2017). This means that if there is a will to integrate sexuality more to social work, we need to build more sex-positive organizations and contexts for social work. Social work should also be a more visible field for executing the promotion of sexual health among populations in national programs, such as the one we have in Finland now (see Klemetti & Raussi-Lehto, 2013).

In addition to these aspects in the structure and the organization of the work, the presence or absence of sexuality was seen to be affected by and the nature and context of the client process. The duration, depth, and purpose of the client contact were things that were described by the participants to affect the appropriateness and functionality of addressing sexuality. It was also brought up that some sexuality-related themes, such as severe trauma, or treating and preventing STIs, are such that they should not maybe even be worked with in social work. The notion that social work cannot work with everything sexuality-related raises an interesting question to social work practice, expertise, and theories of its contents: what belongs to social

work and what does not? If sexuality is going to receive more visibility in future social work, as it should according to this study, there is a need for discussion and definitions about how social work's expertise and client processes relate to different dimensions of sexuality.

In the participants' reflections on their thoughts and feelings about working with sexuality, experiencing the topic as meaningful and interesting existed parallelly with experiencing some aspects of sexuality as challenging to work with. The challenging experiences partly reflected the participants' experiences of deficiencies in social work education regarding sexuality. It was also seen as a problem that social work education only focuses on negative sides of sexuality, as this was seen contribute to reinforcing normative attitudes around sexuality. These were also similar experiences that had been told about by social workers and social work students as challenging in international research. (Areskoug-Josefsson et al., 2019; Hall et al., 2017; Lavie-Ajayi, 2020; Neocleous & Apostolou, 2017). To summarize, my participants had experienced that their social work degree had not provided them with sufficient skills to work with sexuality, and they also said that sexuality-related topics should definitely be integrated more to social work training. Together with similar findings from international research, it can be stated that the bare minimum for sexuality-informed social work education would be providing a voluntary course on sexuality-related themes. But, it can also be argued against the results of this study, that sexuality might even be such an essential theme to social work that it should be integrated as an obligatory dimension of basic social work education.

A challenge that could be lifted up separately here is the subject of sexual harassment. Sexual harassment is seen as client violence, and even though client violence in general is a theme that has received some attention in social work research, knowledge of the prevalence of sexual harassment from clients towards social workers is relatively fragmented and unspecific (see for example Antikainen-Juntunen, 2007; Shin, 2011; Tuhkanen, 2019). Because of this, I find it important to bring attention the few accounts of experiences sexual harassment in my interviews, even though experiences of sexual harassment in social work were not the initial focus of this study. My participants had experiences where clients had presented detailed disclosures about sexual activities, and the workers saw that the purpose of these disclosures was to scare the worker by making them uncomfortable, or to non-consensually show sexual interest towards the social worker.

These kinds of situations violate the worker's integrity, and the sexual harassment is power use from the client directed to the social worker. In other words, sexual harassment as a phenomenon shows that it is not just the social worker's institutional power that is present in

sexuality-related topics, but sexuality-related power use can also be directed at the worker, by clients. This is a phenomenon that definitely needs more coverage in the profession, and it also reflects the notion that by integrating sexuality more to social work, we could also increase the abilities of social workers and their organizations to handle sexuality-related themes safely and thus protect the workers in these kinds of situations as well.

The issue of sexual harassment executed by clients also shows another central notion to this study. The notion is that, when handling sexuality-related topics, it is not just the client's sexuality that is present, but it is the worker's sexuality as well. The worker's sexuality can become visible in a very vulnerable position, such like in the cases of sexual harassment, but it is also something that affects their overall work with sexuality-related topics. Both in the interviews with my participants, and in literature about positive approaches to sexuality and addressing it, what made the most central component of a professional being able to work with sexuality in any kind of ways, was being in terms and reflective with their own sexuality. In other words, what is the most essential precondition to a social worker to work with sexuality at all, is being comfortable and familiar with their personal experiences, values and morals regarding sexuality. They also need to professionally reflect on their knowledge and language use, as well as their normative beliefs and possible prejudice in relation to sexuality-related topics. (Bildjuscikin & Ruuhilahti, 2010, Brandon-Friedman, 2017; Dodd, 2020; Myers & Milner, 2007; Trotter et al., 2006; Williams et al., 2016.)

When asked about how they work with sexuality-related topics, my participants described such work methods as: creating a supportive atmosphere; building trust and empowering the client; giving space; asking direct questions; giving education; and acknowledging the meaning of language and terminology. The work methods had several shared components with sex-positive social work (Dodd, 2020; Dodd & Tolman, 2017; Williams et al., 2016), different practical work models for addressing sexuality in clinical client work (FIHW guidelines, PLISSIT and BETTER), and basic social work theory and methodology. This result provides evidence that there are already several components in social work's work methods that could be applied to working with sexuality. Conducting more social work context research on models for addressing sexuality could provide useful, low-threshold and low-effort tools for working with sexuality in social work.

Limitations and other contemplations

On the side of providing these observations, this study also has its limitations. Firstly, as this is a qualitative study, its sample is quite narrow, and the analysis cannot thus provide much

generalizable observations about the role of sexuality to social work. Secondly, in line what also Schaub et al. (2016) pointed out with their survey study, the sample of social workers who participated in this study is most probably biased. This is because it can be argued that social workers who wanted to participate in this study were also persons who already have the predisposition of viewing sexuality as a relevant subject for social work. It must also be noted that the time span for work experience of my participants is over 20 years. Their experiences and the historical contexts they have worked in might have had an impact on the views they present on the role of sexuality to social work. The findings of this study are also by no means comprehensive, as there are a lot of themes that have been left in the dark despite the fact that they would be not only timely and relevant for the perspectives of this study, but also themes that would deserve attention because of the taboo-meanings connected to them. Such themes are, for example, the sexualities and sexual needs of people with disabilities, people with old age, people living in institutions, and even the phenomenon of sexual relations between social workers and clients.

In other words, the need for further research on the field of sexuality and social work is apparent, especially in the context of Finnish social work. For example, this study and a large scope of equivalent research in the field have focused on examining the experiences of social workers. As important than this would be to examine the expectations and needs of social work's clients in relation to sexuality-related themes. Another aspect that remained rather invisible in the context if this study was reporting and documentation in client work in relation to sexuality. Even though it is acknowledged as a part of the work models for addressing sexuality (FIHW's guidelines and BETTER), the role of documentation in working with sexuality was not mentioned at all in the interviews of this study. A considerable proportion of everyday social work consists of documentation, so the role of written reports in working with sexuality could be something of interest for future research.

The last things to be noted here are related to social work's expertise and its work fields. Even though the position of this study has been in favor of the idea of universally integrating sexuality more to social work, there are a myriad of different client groups and subfields of social work that require different areas of expertise from social workers. This applies to my interviews as well; it is obvious that supporting a person with their contemplations about their sexual identity require different skills, approaches, and interventions from the worker than helping a client who has suffered a sexual trauma. This raises a question for the requirements for skills and social work education in social work: what should be considered as the 'baseline', and where is such specializing necessary that should not be required universally from all social workers?

Additionally, the sample of this study has not covered all the fields of social work. There are a myriad of work fields, such as social work with the disabled, and social work in health care and psychiatry, that are left out of the sample of this study, which also indicates a need for further and wider research on social workers and their work with sexuality-related topics.

Concluding notions

So, how is sexuality present and seen in social work, according to this study? Most centrally, it can be stated that sexuality *is* present in social work, and it relates to a plenty of themes, if one just chooses to acknowledge it. The social workers in this study perceived sexuality through giving recognition to acceptance, sex-positivity, and the meaning of inclusive and conscious language use in working with sexuality. Sexuality was seen as a theme that requires reflection and some skills from the worker, but as something that is equivalent to any other theme that social work works with. Many of the methods of working with sexuality were established on the basics of communication in a clinical setting, such as listening, empathetic discussion, sensitivity, and building trust with openness and honesty. Thus, the foundation of work methods with sexuality can be seen as universal for work methods with any of social work's more sensitive themes. The concept of sexual guidance represented the baseline of skills and abilities the social workers had needed for working with sexuality. Sexual guidance is considered in national guidelines as something that all professionals in health and social services should be able to provide.

Encountering sexuality in their work was seen by social workers both as something natural and positive, but also as a source of challenging and harmful situations and feelings. The presence of sexuality was seen to be defined by the context of the client process as well as the organization one is working in. Sexuality was also something that was bound to culture; the social workers' encounters with it were affected by different attitudes, values and backgrounds that both the clients and the workers have with sexuality. Sexuality was also viewed as a such theme for social work that potentially requires ideological and structural measures from the worker. Committing to these measures was seen to be in accordance with social work's ethics and value base. Sexuality was also seen as a theme that should be more visible and acknowledged in organizations and social work education and social work should commit more to dismantling the normative attitudes around sexuality both in the society and within the profession. Working with sexuality was seen to link with the workers' sexualities and well. And finally, as has also already stated in the beginning of this study, sexuality was perceived as central to well-being and human life, and thus, central to social work.

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Appendices

Appendix A: Interview frame (in Finnish)

Appendix B: Invitation letter to social workers to participate in the study (in Finnish)

Appendix C: Analysis Matrix

TEEMAHAASTATTELURUNKO

Tämän haastattelun teemana on sosiaalityö, seksuaalisuus ja seksuaaliterveys. Tarkoituksena on käsitellä seksuaalisuutta asiana, joka on osa jokaisen ihmisen hyvinvointia ja jokapäiväistä elämää, eikä siis pelkästään asiana, joka kuvaa ihmisen seksuaalista toimintaa tai suuntautumista. Seksuaaliterveydellä puolestaan tarkoitetaan seksuaalisuuteen liittyvää psyykkistä, fyysistä, emotionaalista ja sosiaalista hyvinvointia. Seksuaaliterveys on mahdollisuutta kunnioittavaan ja positiiviseen suhtautumiseen koskien seksuaalisuutta ja seksiä, sekä minäkuvan ja itsetunnon tukemiseen.

Seksuaalisuus on merkittävää kaikenlaiselle hyvinvoinnille: esimerkiksi mielenterveydelle, perhe-elämälle, yhteiskunnalliselle tasa-arvolle tai lasten ja nuorten turvalliselle kasvulle. Sosiaalityö työskentelee näiden osa-alueiden ytimessä, ja siksi tässä haastattelussa kartoitetaan työntekijöiden käsityksiä seksuaalisuudesta ja seksuaaliterveydestä sosiaalityön sisältönä.

Taustakysymykset:

- **Kerro hieman itsestäsi koulutus -ja työhistorian näkökulmasta**
- **Onko sinulla perustutkintosi lisäksi joitain muita koulutuksia? Jos on, niin millaisia?**
- **Kuvaile lyhyesti tämänhetkisiä työtehtäviäsi sekä asiakaskunnan yleis - /erityispiirteitä, jos se on mahdollista**

Teemat:

1. **Kokemukset ja käsitykset seksuaalisuuteen liittyvien aiheiden kanssa työskentelemisestä**
2. **Käsitykset seksuaalisuuden merkityksestä sosiaalityön sisältönä**
3. **Mahdollisia kehittämistarpeita**

Kokemukset ja käsitykset seksuaalisuuteen liittyvien aiheiden kanssa työskentelemisestä

- Millaisia kokemuksia sinulla on seksuaalisuuteen liittyvien asioiden käsittelemisestä asiakkaiden kanssa?
- Millaisena olet kokenut nämä tilanteet? Millaisia tunteita ja ajatuksia sinussa heräsi?
- Miten olet toiminut näissä tilanteissa? Millaisia työkaluja koet sinulla olevan käytössäsi, jos asiakaskohtaamisessa tulee esille jotain seksuaalisuuteen liittyvää?
- Millaisia vahvuuksia koet saavasi omasta osaamisestasi, koulutuksen antamista valmiuksista tai työpaikan resursseista seksuaalisuuteen liittyvien teemojen käsittelyyn?
- Entä millaiset asiat tässä teemassa tuntuvat erityisen haastavilta?

Käsitykset seksuaalisuuden merkityksestä sosiaalityön sisältönä

- Onko sinun mielestäsi sosiaalityöllä paikka asiakkaiden seksuaalisuuteen liittyvien asioiden kanssa työskentelemisessä? Miksi/Miksi ei?
- Keneltä aloitteen pitäisi tulla, että seksuaalisuuteen liittyviä asioita voidaan/saa käsitellä?
- Millaisissa tilanteissa seksuaaliterveys ja seksuaalisuus ovat tai voisivat olla olennainen sisältö sosiaalityölle?
- Millaisia käsityksiä sinulla on siitä, mitä asiakkaat ajattelevat tai odottavat sosiaalityöntekijältä liittyen seksuaalisuuteen liittyviin asioihin?

Mahdolliset kehittämistarpeet

- Miten koet sosiaalityön peruskoulutuksen vastaavan seksuaaliasioiden käsittelyn tarpeeseen tällä hetkellä? Jos koulutusta tarvitsisi kehittää jotenkin, millaisia muutoksia siihen pitäisi tehdä?

- Millasia hyötyjä seksuaaliasioiden sisällyttämisestä enemmän sosiaalityöhön voisi olla? Entä haittoja?
- Onko jotain muita väyliä, joilla seksuaalisuuden kohtaamista sosiaalityössä voisi kehittää?

Onko asioita, joita haluaisit vielä tuoda esille, tai huomioita tutkimusaiheeseeni liittyen, joita en ole huomannut haastattelussa ottaa esille?

APPENDIX B



Turun yliopisto
University of Turku

Haastattelupyyntö pro gradu-tutkielmaa varten

Hei sinä asiakastyötä tekevä sosiaalityöntekijä!

Millaisia kokemuksia sinulla on seksuaalisuuteen liittyvien teemojen käsittelystä asiakastilanteissa?

Tutkin pro gradu -opinnäytetyössäni sitä, miten seksuaalisuuteen liittyvät teemat näkyvät käytännön sosiaalityössä, sekä sitä, millaisia mahdollisuuksia sosiaalityöllä on osallistua seksuaaliterveyden edistämiseen. Tutkimusta varten etsin haastateltavaksi sosiaalityöntekijöitä, jotka olisivat valmiita kertomaan kokemuksistaan seksuaaliasioiden käsittelystä asiakkaiden kanssa. Kaikenlaiset näkökulmat kaikilta sosiaalityön aloilta, työkokemuksen pituudesta riippumatta, ovat tervetulleita! Ainoa toiveeni olisi, että olisit pätevä sosiaalityöntekijä, eli sinulla on oikeus harjoittaa sosiaalityöntekijän ammattia laillistettuna ammattihenkilönä.

Tutkimuksen tarkoituksena on asiakastilannekokemuksien lisäksi kartoittaa, millaisia resursseja, tietoja ja asenteita työntekijät kokevat heillä seksuaalisuuden tematiikasta olevan. Lisäksi olisin kiinnostunut siitä, millaisia näkemyksiä työntekijöillä on seksuaalisuuden olennaisuudesta sosiaalityön sisältönä. Tutkimuksessa lähestyn seksuaalisuutta ennen kaikkea voimavaranäkökulmasta ja osana jokaisen ihmisen kokonaisvaltaista hyvinvointia.

Toivoisin pääseväni toteuttamaan haastatteluja maaliskuun 2019 aikana joko verkkoyhteyden välityksellä tai kasvokkain, riippuen sinun toiveistasi ja sijainnistasi. Haastattelut toteutetaan yksilöhaastatteluina. Tutkimukseen osallistuminen on vapaaehtoista ja mahdollista keskeyttää tai myöhemmin perua, myös haastattelun jälkeen. Haastatteluista saatua aineistoa käsittelen luottamuksellisesti ja jokaisen haastateltavan anonymiteettiä suojellen. Ohjaajanani tutkielman tekemisessä toimii yliopistonlehtori Anniina Kaittila.

Lisätietoja ja/tai ilmoittautumista varten minuun voi ottaa yhteyttä yksityisviestillä täällä Facebookissa tai sähköpostitse.

Ystävällisin terveisin

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APPENDIX C

CODE	SUBCATEGORY	MAIN CATEGORY
Need for education and guidance	Situations and contexts where sexuality comes up	EXPERIENCES OF ENCOUNTERING SEXUALITY
Relationships, family, and everyday life		
Issues related to vulnerability		
When sexuality does not come up		
Sexuality as a meaningful and interesting theme	Thoughts and feelings when sexuality is brought up	
Sexuality as a challenging theme		
Creating a supportive atmosphere	Methods	WAYS OF WORKING WITH SEXUALITY
Initiating discussion and active listening		
Network and life trajectory-based approaches		
Language and vocabulary		
Education and guidance		
Lack of support from basic training	Experiences about personal competence in working with sexuality	
Personal interest and familiarity with sexuality		
Varying support of workplaces		
Sexuality as a part of life and well-being	Views on the role and place of sexuality in social work	PERCEPTIONS ABOUT THE MEANING OF SEXUALITY TO SOCIAL WORK
Sexuality in structural social work		
Sexuality in the client process		
Suggestions of improvements needed	Views on the potential of working with sexuality to clinical social work	
Reviews on possible limitations		