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TITLE: Accounting for self, sex and sexuality in UK social workers' knowledge base: findings from an exploratory study.

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ABSTRACT:

The social work profession struggles to engage with sexuality under the anti-oppressive banner as deftly as it does with other types of social difference, such as ethnicity, age, class and gender. Despite recent theorising and empirical work about sexuality in social work, little is known about social workers' perceptions, knowledge and values about sexuality in contemporary professional practice. This exploratory study is the first to examine social workers' beliefs and values about sexuality in relation to everyday professional interactions within the UK. It aims to better account for the ways in which sexuality is constructed and understood within interactions with colleagues and clients. Utilisation of an online survey instrument examined 112 respondents' perceptions about sexuality, incorporating the Heteronormativity Attitudes and Beliefs Scale (Habarth, 2015) and open-ended questions exploring how social workers acquire knowledge about sexuality. Respondents were qualified social workers from Wales, England and Scotland. Findings suggest that some respondents 'bracketed' values to manage between professional and personal identities. We found a relationship between social workers' religiosity and investment in heteronormative beliefs. Implications for delivery of services to social work clients and practitioners' learning needs are discussed.

KEYWORDS: sexuality; sex; social work knowledge; heteronormativity; professional interactions; service users

Word count: 7,236 (including tables and references)

INTRODUCTION

Despite some emerging literature theorising and researching sexuality in social work (Dunk, 2007; Dunk-West, 2013; Dunk-West and Hafford-Letchfield, 2011; Hicks, 2008a; Jeyasingham, 2008; Rowntree, 2014), comparatively little is known about social workers' perceptions, knowledge and values about sexuality in contemporary practice or how they locate their own selves and identities within available discourses on human sexuality. For social work as a relationship-based profession, 'the sexual self [is] an important and legitimate dimension of human experience and selfhood' (Dunk-West and Hafford-Letchfield, 2011, p. 187). In this paper we seek to partially address this gap by presenting findings from a questionnaire exploring social workers' beliefs and values about sexuality in relation to everyday professional interactions within the United Kingdom (UK).

To date, research into the views and attitudes of social workers has primarily centered on perceptions of lesbian, gay and bisexual (LGB) populations, neglecting the wider issues of sexuality as a fundamental dimension in relationships. Attitudinal surveys from the United States of America (USA) have indicated that while homophobic and heterosexist attitudes are not characteristic of social work cohorts, women report more permissive findings than men (Berkman and Zinberg, 1997). Similar results are indicated for social work students who report 'gay-friendly parents' and regular contact with lesbians and gay men within their social circles (Swank and Raiz, 2010). Duyan and Duyan's (2005) survey of Turkish social work students widens the lens on attitudes towards sexuality by including items on sexual activity across different relationships. Their results indicate that students retain conservative attitudes towards sexuality that reflect broader Turkish views and values of sexuality as a taboo topic of discussion, restricted to (hetero) marital relations.

In this paper we aim to better account for the ways in which sexuality more broadly is constructed and understood within social work interactions with colleagues and clients. In 2014, we developed a survey instrument to explore social work respondents' perceptions about sexuality, incorporating the Heteronormativity Attitudes and Beliefs Scale designed by Habarth (2008; 2014). The research was steered by the following question: '*How do discourses of sexuality shape and inform social workers' contemporary professional practice?*'. We argue that reflexive engagement with sexuality does not equate to ethical practice with sexual minorities and future research needs to better understand the relationship between personal and professional identities as they relate to sexuality in social work.

BACKGROUND TO THE RESEARCH

Locating sexuality in social work scholarship

Sexuality relates to the expression of intimacy between individuals, but individual expression is mediated and 'scripted' through the social world (Gagnon and Simon, 1973). From a social constructionist position, Weeks (2003, p. 7) locates sexuality as a 'historical construction, which brings together a host of different biological and mental possibilities, and cultural forms ...'. We concur, recognising contemporary understandings of sexuality are intertwined with the social and cultural world and our knowledge of sexuality is socially-mediated through available discourse.

Within social work, scholarship on sexuality has developed across four streams: working with difference on the basis of sexual identity, the primary focus being on LGB populations (see Appleby and Anastas, 1998; Brown and Cocker, 2012; Fish, 2012); the lived experience of everyday sexuality (see Dunk, 2007; Dunk-West, 2013; Dunk-West and Hafford-Letchfield, 2011; Hicks, 2008b; Huang and Souleymanov, 2014; Rowntree, 2014); critical

discussions about the construction of sexuality-based differences (see Hicks, 2008a; Rowntree, 2014); the construction of social work knowledge about sexuality and lesbian and gay subjectivities (Jeyasingham, 2008;); and sexuality as a source of risk, vulnerability and harm (see Barter, 2006; Myers and Milner, 2007). These areas have provided an empirical and theoretical richness to better understanding how sexuality shapes service users' social worlds and permeates professional interactions with individuals and communities. However, to date less is known about how social workers' personal values and their perceptions of self and sexuality inform interactions with clients and colleagues in practice settings.

Social work education, pedagogy and sexuality

In social work education and literature, discussions about sexuality are frequently anchored to LGB lives (Trotter *et al.*, 2009), with less emphasis on bisexuality. Few authors examine heterosexuality as relevant to social work practice, with some exceptions (*cf* Bywater and Jones, 2007; Trotter, 2011). In terms of working with difference, models of cultural competence and 'gay-affirmative practice' (Van Den Bergh and Crisp, 2004; Crisp, 2006), and anti-oppressive practice (AOP) (Dominelli, 2002; Hines, 2012) have gained prominence in the USA and UK respectively. Both approaches to theorising difference and inequality encourage social workers to recognise the ways in which dominant societal structures, in this instance heterosexism and homophobic discourse, impact on the lives of LGB individuals located at the social margins. These frameworks are premised on 'working with' groups and communities that differ from the social work self. MacKinnon (2011) maintains that AOP models reproduce and reinforce the socio-cultural divide between heterosexual and homosexual identities with an over-emphasis given to identity-based oppression. Jeyasingham (2014) argues that AOP models construct limiting representations of LGB clients as 'morally acceptable subjects' (p. 224); there is little scope for recognising clients

whose actions may call into question their moral standing and values, such as LGB individuals who perpetrate harm to others.

Social work academics have lamented the lack of information about LGB issues and life-experiences in social work curricula (Hylton, 2005), indicating a dearth of social work literature and research dedicated to LGB lives and experiences (Van Hooris and Wagner, 2002; Scherrer and Woodford, 2013; Pelts *et al.*, 2014). O'Brien (1999) has argued that social work knowledge about sexuality produces categories and hierarchies, and is 'deeply implicated in the construction of power relations in sexuality' (p. 151). The heterosexual/homosexual binary is a taken-for-granted framework embedded in models for working with sexually diverse groups, including cultural competency models. This binary operates as part of a wider discourse circulating in social work that locates sexuality as simultaneously a 'natural' phenomenon and a social problem (O'Brien, 1999). Similarly, Hicks (2008a) has argued that social workers need to think beyond the 'four-sexuality' rule (lesbian', 'gay', 'bisexual' and 'heterosexual'), where social work knowledge about sexuality is predicated on identity categories alone. This dominant discourse can overshadow social work's participation in the reproduction of identity categories (Hicks, 2008b).

Small-scale studies have focused on LGB students' experiences of social work curriculum studies (Fairtlough *et al.*, 2012) and field education (Newman *et al.*, 2009). Religion is often cited as a barrier to discussing sexuality in the classroom, with more conservative religious doctrines promoting negative views of homosexual relationships and sex (Rogers, 2009; Subhi *et al.*, 2011). Brown and Cocker (2011) elaborate on the ethical and political tensions inherent in discussions of sexuality and religious fundamentalism in social work:

'So where there is irreconcilable conflict between people's personal views and their professional responsibilities, should they be allowed to qualify and practice as a social

worker? Is this a legitimate reason to refuse someone access to social work training on the grounds of unsuitability? ...How do we get beyond the 'love the sinner, hate the sin' mantra, or the personal values versus professional standards quagmire?' (p. 79-80).

Conversely, religion and spirituality are seen by some as important, even integral, for social work (Gilligan and Furness, 2006; Holloway, 2007; Humphrey, 2008; Whiting, 2008).

Religiosity, the degree to which individuals invest in religious doctrine and communities, is an equally important dimension which has been correlated with less supportive attitudes towards lesbian and gay men's lives (Berkman and Zinberg, 1997; Brown and Henriquez, 2008; Finlay and Walter, 2003; Swank and Raiz, 2010; Whitley, 2009). Chonody *et al.*'s (2013) findings suggest a more nuanced relationship, indicating that social work students exposed to accepting messages within religious teachings indicate less bias towards lesbians and gay men. These authors caution against the dichotomous assumption that religious beliefs are automatically correlated with homophobic attitudes.

Several pedagogical models have emerged for engaging students on issues of sexuality, equality and oppression; the variances in approach reflect the divergent views on sexuality across social work scholarship. Fairtlough *et al.* (2012) have produced an anti-heterosexist framework for educational providers to audit their programme and develop more inclusive practice. Morton *et al.* (2013) have proposed a reflexive approach to discussing sexuality in the classroom. Students are invited to reflect on the ways in which they discuss and perceive sexuality in their everyday talk—this method attends to discourses of sexuality circulating in both social work knowledge and students' individual cultural schemas of sexual relations. This echoes Myers and Milner's (2007) proposition that social workers need to develop a reflexive understanding of self and sexuality to recognise how they are enmeshed in the reproduction of different forms of knowledge about sexual relationships and subjects.

Heteronormativity

As an integral concept, heteronormativity encapsulates the enmeshment of heterosexuality in everyday life, with heterosexuality perceived as natural and normal and, therefore, superior to other forms and expressions of sexuality (Habarth, 2015). Queer theorists locate heteronormativity as the cultural saturation of heterosexual norms in contemporary social and political life (Berlant and Warner 1998; Warner 1993). Queer theory represents a cluster of critical theory and philosophy informed by post structuralist thinking about the intrinsic relationship between sex, gender, power and language (Sullivan, 2003). Queer critique encompasses the socially defined division between heterosexual and homosexual identities that permeates social work thinking about sexual identities (McPhail, 2004). Heteronormative discourse rests on the assumption that 'heterosexual experience is *synonymous with* human experience' (Yep, 2002, p. 167, emphasis in original text). The primary logic underpinning heteronormative thinking relies on the intelligibility of gender as a dichotomous relationship in which men and women as diametrically-opposed subject positions inevitably lend each other definition through pairing. In her writing on 'troubling' gender, Butler (1990) questions the naturalised appearance of heterosexuality by calling into question the assumed linkages between sex, gender and desire. She calls this hegemonic ordering of the social world the 'heterosexual matrix' (Butler, 1990, p. 208), referring to its dominant ordering of bodies which suggests fixed and stable sexes and oppositional gender roles. This ordering maintains the naturalised appearance, stability and coherence of heterosexuality, and indeed the sex-gender dichotomy, as a privileged social arrangement (Butler, 1990; 1993). In our research we were interested in the ways in which heteronormative logic, and the social construction of sex and gender as fixed, dichotomous social dimensions, filtered the views and perceptions of professional social workers.

RESEARCH DESIGN

Survey method and measures

A questionnaire instrument was deployed to gather qualitative and quantitative data on social workers' attitudes and views of sexuality. Online surveys were chosen as the preferred method to reach social workers spread across a wide geographical area and encourage participation through brief responses. The questionnaire was designed through Qualtrics Research Suite (2013) and consisted of 50 items: 13 items gathering demographic information (for example, age, gender, sexual identity, religious background) and details about current employment and fields of practice; 32 scaled items exploring views and attitudes towards sex and sexuality on a personal level and in professional contexts; and, 5 open-ended questions exploring preparation for and discussions with service users about sex and sexuality. The scaled items consisted of statements with responses to a 7-point Likert Scale ('Strongly disagree', 'disagree', 'slightly disagree', 'exactly neutral', 'slightly agree', 'agree', 'strongly agree') and included 17 statements devised by the authors. These statements were designed to elicit views and beliefs of respondents towards different sexual relationships, behaviours and expressions alongside broader socio-political concerns with LGB human rights, access to abortion services and intersections with religious beliefs.

Other items consisted of Habarth's (2008; 2014) Heteronormative Attitudes and Beliefs Scale (HABS)—a psychometric scale to measure the extent to which respondents invest in normative beliefs and attitudes about sex, sexuality and gender across two 16-item sub-scales, Normative Behaviour (NB) and the Essential Sex and Gender (ESG). NB contains items indicating normative beliefs about sexual activity and relationships. ESG includes items ascertaining respondents' investment in binary and normative thinking about sex and gender.

The scale has been previously tested for internal consistency and convergent validity with undergraduate student populations and a general USA community population with high internal reliability scores for both sub-scales (ESG ($\alpha = 0.92$) and NB ($\alpha = 0.78$)) (Habarth, 2015). Finally, there were four qualitative questions. The questions requested respondents to describe any sexuality training they received, any 'barriers to discussing sexuality in [their] professional role', any experience of issues of sexuality within their practice area, and the support they received about these issues.

The questionnaire was piloted with 6 registered, employed UK social workers. Pilot respondents' feedback improved the order and wording of the items. Because the questionnaire was designed as a preliminary gauge of internal attitudes and views, a non-representative purposive sample was recruited. Professionally registered (and qualified) UK social workers were invited. The questionnaire was circulated using professional email networks and lists with the aim of reaching a broad population of social workers across different fields of practice. These included: British Association of Social Workers' (BASW) email lists; Sexuality in Social Work Special Interest Group email list and Facebook page (an international network of sexuality-interested social work academics, practitioners and students); Joint University Social Work Education Committee email list of social work educators; and circulation through the authors' informal professional networks. An advertisement was published in an issue of *Professional Social Work*, a professional magazine produced by BASW for its members.

Respondents: Key characteristics

After a circulation period of three months, a total of 121 responses were received. After exclusions, 112 responses were included (nine respondents were excluded – five did not have

a qualification and four were located outside the UK). Table 1 presents key demographic information (N=112). Some items of note are the gender profile: 75% were female and 25% were male; 1 respondent indicated their gender was not the same as assigned at birth. Over half the respondents identified as heterosexual (62%), 14% as gay and lesbian respectively, 4% as bisexual, and 2% as queer, did not identify (2%) or preferred not to say (2%); 1 person identified as pansexual. Most respondents identified as Welsh/English/Scottish/Northern Irish/British (79.5%). Over the half the sample indicated 'no religion' (55%) and just over a third identified as 'Christian' (34%).

KEY FINDINGS

Results 1: Heteronormativity Attitudes and Beliefs Scale

Quantitative data was input into SPSS Statistics Version 20. For analysis of the HABS items reverse coding was applied to select items and mean scores were calculated for the overall scale and both sub-scales. In general, respondents report moderately low scores indicating that they do not hold rigid beliefs and attitudes about normative sexual behaviours and gender confirming behaviour. Across the sample the total mean score for HABS was low and indicates positive scoring (M=33.47). The highest score was 64, located in the 'neutral response' bracket. This trend is reflected in the mean scores for the two sub-scales, Essential Sex and Gender Subscale (M=18.13) and the Normative Behaviour Subscale (M=15.46).

Table 2 presents mean scores for Total HABS and sub-scales.

Where possible T-Tests and ANOVA tests were undertaken to identify any significant relationships between demographic items and sub-scale scores. We examined four independent variables (gender; religious identity; sexual identity and current relationship status). 'Gender' was collapsed into two categories ('1=female', '2=male', n=111) with one

case excluded, 'self-defined', to enable Independent-Sample T-tests. There were no significant differences in mean scores between women and men on either sub-scales.

'Religious identity' was collapsed into two categories ('1=No religion', '2=Religion', $n=111$) so that Independent-Sample T-tests could be run for both subscales. One case was excluded as the respondent had identified they 'would rather not say'. For the Essential Sex and Gender Subscale, participants with no religious identity scored more positively ($M=16.37$, $SE=0.84$) than participants with religious affiliations ($M=20.60$, $SE=1.07$). The difference was significant $t(109) = -3.155$, $p < 0.5$, however a small effect size. The effect size, calculated using eta squared, was 0.23. In parallel, participants with no religious affiliation had more positive scores on the Normative Behaviour Subscale ($M=13.54$, $SE=0.53$) than respondents with religious affiliations ($M=17.90$, $SE=0.98$). This difference was significant $t(74) = -3.91$, $p < 0.01$, with a medium difference between mean scores. The effect size, calculated using eta squared, was 0.41.

'Sexual identity' was collapsed into two categories ('1=Non-heterosexual ID', '2=Heterosexual ID', $n=108$) to enable Independent T-Tests, excluding those who preferred not to say ($n=4$). Participants who identified with non-heterosexual identities reported more positive scores on the Essential Sex and Gender sub-scale ($M=15.31$, $SE=1.17$) than respondents identifying as heterosexual ($M=19.41$, $SE = 0.82$). This test was significant $t(106) = -2.92$, $p < 0.01$, but with a small -sized effect ($r=0.27$). Equally non-heterosexual respondents reported more positively on the Normative Behaviour sub-scale ($M=13.26$, $SE=0.64$) than heterosexual respondents ($M=16.45$, $SE=0.75$). This test was significant $t(104) = -3.25$, $p < 0.01$, with a medium difference between mean scores. The effect size, calculated using eta squared, was 0.3. The variable 'Current relationship status' was collapsed into three categories ('1=in an opposite-sex relationship', '2=in a same-sex

relationship', '3=not in a relationship') to run ANOVA tests. On the Normative Behaviour subscale, there was a significant relationship with respondents in same-sex relationships ($M=13.45$, $SD=4.23$) reporting more positive (i.e. lower) scores than respondents in opposite-sex relationships ($M=17.27$, $SD=8.18$), $F(2, 107)=4.66$, $p<0.05$. The effect size, calculated using eta squared, was 0.28. There was no significance on the ESG subscale ($p>0.05$).

Results 2: Personal and professional views and attitudes on sex and sexuality

1. Gauging current knowledge of sexuality

The majority of participants agreed that social workers need to know about sexuality to conduct their work (55% strongly agree; 37% agree) and just under a half either strongly agreed (18%) or agreed (30%) that sexuality was important in their current role. While the majority reported confidence in their knowledge about sexuality to discuss this with clients (29% strongly agree; 46% agree), over half indicated that their qualifying degree did not equip them with adequate knowledge (18% strongly disagree; 25% disagree; 13% slightly disagree). In the qualitative responses, the vast majority (>90%) of respondents indicated no sexuality-specific training, with some deliberately seeking education or training outside of social work courses to develop their knowledge in this area. For example a typical response to the question about training stated simply 'None in 25 years.' Another respondent wrote '[n]one specifically in my social work education. I gained understanding and awareness in gender and sexuality outside of my social work education'.

2. Discussions of self and sexuality with clients and colleagues

Over half the sample either strongly agreed (16%) or agreed (42%) that they felt comfortable discussing sex and sexuality with clients. Equally, most respondents felt comfortable discussing sex and sexuality with their immediate family (21% strongly agree; 38% agree;

17% slightly agree). There were more divergent responses on whether it was acceptable for social workers to disclose their sexual identity to clients—14% strongly disagreed and 21% disagreed while 13% agreed and 8% strongly agreed. One respondent suggested that a barrier to discussing sexuality was simply ‘[c]olleagues who hold heteronormative views’ and another wrote ‘awareness that some people retain strong prejudices’. Heteronormative views were often equated with ‘strong religious beliefs’ of both colleagues and service users. A number of respondents described this, with one respondent suggesting eloquently that ‘[t]here are some contradictions and challenges faced in the social work profession about the place of certain beliefs/practices that are associated with some religious cultures and institutions that are thorny.’ In addition to the ‘fear of being stigmatised’, a number of respondents suggested that a different barrier was a lack of awareness or understanding within the social work profession. One suggested that some social workers have ‘fear of saying the wrong thing’ and a ‘lack of training’ [about sexuality for social workers].

There was divided opinion as to whether religious views about sexuality are important—just over a third of respondents disagreed with this statement (19% strongly disagree; 17% disagree) while 18% slightly agreed, 15% agreed and 7% strongly agreed. A few respondents that had strong religious views suggested a need to ‘bracket’ off their beliefs in order to engage with sexuality, with one stating that ‘my religion does not approve of this. But I will talk if needed with service users.’ This same respondent went on to write ‘I don’t let my personal values affect my practice’ and ‘Personally at home I will tell my family and friends that being a gay or lesbian is wrong and against my religion.’ In relation to support-seeking about sexuality issues, many respondents suggested either they did not require support or would seek it in supervision. However, some respondents were concerned about support

received from managers, with one stating when seeking advice to support a transgender client ‘I received very little support as my line manager was not accepting of transgendered people’.

3. Supporting different facets of sex and sexuality.

Consistent with the HABS scores reported above, respondents conveyed permissive views and attitudes towards different facets of sex and sexual relationships. In relation to gender norms, the majority of respondents either strongly disagreed (38%) or disagreed (38%) that a child needs a mother and father to thrive. Over two thirds of respondents disagreed that sex outside of marriage is wrong (57% strongly disagree; 14% agree) while just under two thirds were in agreement it is important to remain faithful in relationships (27% strongly agree; 42% agree). In parallel, over a half disagreed (13% strongly agree; 33% agree; 12% slightly agreed) it was natural to have more than one sexual partner at the same time. On the topic of abortion 21% strongly agreed and 48% agreed that they would assist a client to obtain an abortion; only a small minority were in disagreement (1% strongly disagree; 5% disagree). The majority of respondents disagreed that sex work is immoral (35% strongly disagree; 35% disagree).

4. Challenging sexuality-based oppression and discrimination

A strong element of concern for respondents involved encountering transphobic and homophobic expressions and discriminatory acts towards themselves, colleagues, or clients within their professional role. One respondent wrote ‘Many of the families I work with are openly homophobic... I also think there is a tendency among colleagues to assume when relationships are discussed that they will be opposite sex [relationships]’. Twenty-seven per cent strongly agreed and 50% agreed that they would challenge clients if they were being discriminatory about sexuality. There was also clear agreement that LGB rights should be a

human rights issue (48% strongly agree; 39% agree), although interestingly, a small minority disagreed with this human rights stance (1% strongly disagree; 10% disagree). A number of respondents suggested that both social work and wider society equate 'sexuality' with lesbian and gay lives only, for example '[Clients] often view sexuality as private, but only when it comes to gay/lesbian sexuality, they seem to be unaware that their heterosexuality is assumed, or demonstrated in a variety of unconscious ways.'

A small number of respondents had concerns that clients were seen as 'asexual', or not having any sexuality or intimate activity at all. This was particularly noted when working with people with disabilities or with older people, for example '... sexuality in older people is not discussed with staff' and 'I do feel that sexuality is not often addressed with "older people"', causing one respondent to write that some people have 'a view that service users don't have sex, can be seen as asexual.' This view of them being asexual is problematic when coinciding with issues of choice, for example '[w]omen with learning disabilities becoming pregnant - deciding what to do.'

DISCUSSION

Through an exploratory survey instrument, this research has sought to enhance understanding of UK qualified social workers' perceptions about sexuality, and more specifically identify ways these shape interactions with service users and colleagues. Findings from the HABS scale give an initial impression that respondents predominantly hold permissive attitudes towards sexuality. This suggests that they do not hold normative views that heterosexuality is natural and superior to other sexualities or invest in dichotomous thinking about sex, gender and diverse sexualities. On the surface this is an encouraging finding but there are more

nuanced differences across the variables of religious background, relationship status and sexual identity.

From the HABS scale, non-religious respondents are less likely to invest in normative beliefs on gender and sexuality. This finding is supported within social work literature (Brown and Henriquez, 2008; Chonody *et al.*, 2013; Finlay and Walther, 2003; Whitley, 2009).

Potentially, these respondents may be more receptive to dialogue with clients about non-conforming sexual and gendered activities, although this needs further exploration to identify variations (*e.g.*, differing faiths and other intersecting differences). Equally, non-heterosexual respondents and respondents in same-sex relationships are also less likely to hold onto normative beliefs. This finding is consistent with Habarth's (2014) testing. Arguably, personal exposure to the impact of gender and sexuality binaries during the life-course can sensitise same-sex attracted social workers to the prevalence of heteronormative attitudes (Fish, 2006). It should be noted that Habarth's study relied on student-based and community-based samples and as such this is the first study that we are aware of that has tested this measure with professional groups.

Descriptive results suggest that respondents hold divergent views attitudes about the importance of fidelity in long-term relationships, with some respondents indicating conservative attitudes. This finding must be located in the broader social climate in which the most recent National Survey of Sexual Attitudes and Lifestyles (UK respondents 16-74 years) indicates increasing disapproval of non-exclusivity in marriage (Mercer *et al.*, 2013). In relation to clients' sexuality, respondents are generally supportive of clients' diverse sexual needs (for example, accessing abortion services, practising sex work), but agree less about the appropriateness of discussing elements of their sexual biographies with clients. It may be

more comfortable for social workers to work with and view clients' sexual histories and diverse needs as separate to self. Existing literature in social work points to a greater need to embed discussions about sexuality into a broader practice framework (see Dunk, 2007; Hafford-Letchfield and Nelson, 2008) however there are concerns that these findings suggest that social workers may be more able to engage with other parts of their clients' identities than with their sexual selves. The perceived sexuality of service users is problematic, with some respondents suggesting that social workers perceive them as 'asexual', which is similar to findings about sexuality and older people (Willis *et al.*, 2016).

The inherent tension between religious beliefs and sexual morals divided opinion for our respondents. This tension may be amplified by recent cases in the UK courts seeking to resolve disputes on the protected grounds of 'sexual orientation' and 'religion and belief'- characteristics under the Equality Act 2010 (S. 4) (see *Bull and Bull v Preddy and Hall*, 2013; *Lee v Ashers Baking Co Ltd*, 2015). Whilst only a few respondents suggested that their religious beliefs needed to be set aside for practice; this 'bracketing off' of oneself may limit their capacity to full engage in the relational aspect of social work (O'Leary *et al.*, 2013). We are left with a sense that the profession of social work has not adequately addressed this tension for people with conservative religious views; these views cannot be easily reconciled with critical thinking about the sexual and gender norms that can restrict many clients' everyday lives and personal relationships.

In addition to the above issues, pre-qualifying education appears to lack the depth some respondents sought about sex and sexuality. They convey confidence and knowledge about sex and sexuality in some responses, despite indicating limited input during their pre-qualifying study, and this raises questions of where and how respondents have acquired this

knowledge. Respondents thought they were not receiving training in sexuality, and went seeking this knowledge elsewhere, finding it valuable to their practice. This suggests that sex and sexuality issues may need more deliberate inclusion (Dunk, 2007) in pre-qualifying social work education, challenging at a time when curricula are diversifying and reducing the amount of classroom content (Beresford, 2015).

Implications for practice and education

What seems important to note from the findings is that sexuality is not easily engaged by some social workers. They may struggle for a number of reasons, such as religious belief or lack of knowledge and training. This may be felt as discrimination by clients and colleagues, and restrict the support offered by social workers. This impact on practice and working environment would benefit from further exploration. There is a need for further research and pedagogical activity about the intersection between sexuality and religion for social work, as has been requested elsewhere (Canda and Furman, 1999; Chonody *et al.*, 2013; Henrickson, 2007). There are some areas of the findings that would benefit from further exploration. There is a need for improved scoping and international comparison, as there are notable differences between the provision of social work services and the content of social work education across the globe (Weiss-Gal and Welbourne, 2008). It would be helpful to have a better understanding of the intersection between sexuality education, socio-cultural norms and how these impact on social workers' professional self. More specifically, how these influence social work curricula would be useful.

In addition, the role of reflexivity in understanding sexuality alongside professions where it is necessary to adopt a non- or anti-discriminatory attitude is important to unravel. In this sense, social workers reflexively engaged in professional ethical expectations might be less likely to

report opinions which differ to those expected by their professional association or regulatory body. This speaks to the difficulties in researching sexuality as well as the complex interrelationships it has with other aspects of not only professional life, but also professionals' engagement with social institutions. Jeyasingham (2014) argues that this kind of deconstruction of anti-oppressive practice in relation to sexuality ultimately reveals contradictions and inconsistencies. Further research may provide additional insight into the connections and disconnections between professional and personal selves in relation to attitudes towards and practice dimensions to working with sexuality in social work.

Limitations

There are some limitations to the research. The sample group is non-representative and relied on opportunistic sampling which means the findings should be read as indicative of broader trends in social work attitudes and not representative of the UK social work workforce. It was difficult to control for social desirability and some respondents may have sought to present themselves in a positive light rather than conveying long-term sustained views, although Habarth (2014) did factor for social desirability in her testing and validation of the HABS scale. The sample did not include social work students and future attitudinal research should encompass learners' views and attitudes as they start to align and consolidate their personal values in line with social work values and principles. Furthermore there is scope for more in-depth qualitative discussions, for example through focus groups, with qualified social workers to drill down into the personal and professional views social workers' harbour about the sexual biographies of clients, and indeed, relevance of sexuality as a social dimension for informing practice.

CONCLUSION

This exploratory survey of social workers has flagged a number of critical issues that are of interest for the social work profession and for social work educators. The impact of societal views on practice with clients with diverse sexual needs and issues is poorly understood, but is likely to have an impact on the service these clients receive. The intersection between religious belief and sexuality may be an issue both for those that hold strong religious views and for those with non-normative views and relationships, warranting greater attention and exploration. Some practitioners are suggesting that they need to ‘bracket off’ parts of their selves and identities in professional arenas, raising concerns about their ability to engage fully in reflexive interactions with clients and colleagues. Social workers are seeking further knowledge about sex and sexuality to use in their practice, and are asking for this to be a more prominent part of their professional education and ongoing development.

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Table 1
Sample demographic characteristics (N=112)

Demographic	Frequency	Valid percentage	
Current age	18-25	6	5.4
	26-30	8	7.1
	31-40	20	17.9
	41-50	40	35.7
	51-60	32	28.6
	61-70	5	4.5
	Prefer not to say	1	.9
	Total	112	100.0
Gender	Female	84	75.0
	Male	27	24.1
	Self-defined	1	.9
	Total	112	100.0
Gender the same as assigned at birth	Yes	110	98.2
	No	1	.9
	Prefer not to say	1	.9
	Total	112	100.0
Current national location	Wales	35	31.3
	England	74	66.1
	Scotland	3	2.7
	Total	112	100.0
Religious identity	No religion	61	54.5
	Hindu	1	.9
	Buddhist	2	1.8
	Muslim	3	2.7
	Jewish	1	.9
	Christian	38	33.9
	Other	6	5.4
	Total	112	100.0
Ethnic group	Welsh/English/Scottish/Northern Irish/British	89	79.5
	Irish	4	3.6
	Bangladeshi	1	.9
	African	1	.9
	Caribbean	2	1.8
	White and Black Caribbean	1	.9
	White and Black African	1	.9
	White and Asian	2	1.8
	Other	11	9.8
	Total	112	100.0

Sexual identity	Gay	16	14.3
	Lesbian	16	14.3
	Bisexual	4	3.6
	Heterosexual/ straight	69	61.6
	Queer	2	1.8
	Do not identify	2	1.8
	Prefer not to say	2	1.8
	Other	1	.9
	Total	112	100.0
Current relationship status	Married - opposite sex partner	31	27.7
	Married - same sex partner	1	.9
	In a civil partnership	12	10.7
	In an opposite-sex relationship	17	15.2
	In a same-sex relationship	16	14.3
	Not in a relationship	33	29.5
	Prefer not to say	2	1.8
	Total	112	100.0
Description of current employment	Social Worker practitioner (currently in practice)	62	55.4
	Social Work Educator/Academic	38	33.9
	Other	12	10.7
	Total	112	100.0

Table 2

Frequency statistics for Total HABS and sub-scales (Essential Sex and Gender Subscale, Normative Behaviour subscale)

		Total HABS scale items 34 to 49	Total HABS Essential Sex and Gender Subscale	Total HABS Normative Behaviour Subscale
N	Valid	112	112	112
	Missing	0	0	0
Mean		33.4732	18.1339	15.4554
Median		32.0000	17.0000	15.0000
Std. Deviation		11.61388	7.29123	5.85083
Variance		134.882	53.162	34.232
Minimum		16.00	8.00	8.00
Maximum		64.00	36.00	38.00