California State University, San Bernardino CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2010

Social workers and human sexuality knowledge and comfort

Larann Rene Henderson

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project Part of the Gender and Sexuality Commons, and the Social Work Commons

Recommended Citation

Henderson, Larann Rene, "Social workers and human sexuality knowledge and comfort" (2010). *Theses Digitization Project*. 3706.

https://scholarworks.lib.csusb.edu/etd-project/3706

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

SOCIAL WORKERS AND HUMAN SEXUALITY

KNOWLEDGE AND COMFORT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

_

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Larann Rene Henderson

June 2010

ŀ

SOCIAL WORKERS AND HUMAN SEXUALITY

KNOWLEDGE AND COMFORT

A Project

Presented to the

Faculty of

California State University,

San Bernardino

by

Larann Rene Henderson

June 2010

Approved by:

6/8/20

Dr. Rosemany McCaslin, Faculty Supervisor Social Work

Dr. Janet C. Chang, M.S.W. Research Coordinator

ABSTRACT

The purpose of this study was to explore the influence of social worker knowledge and education on their comfort in discussing human sexuality issues with clientele. Many studies have measured social worker's knowledge of human sexuality; however few have considered the influences of knowledge and education on comfort in practice.

This study employed a hybrid of qualitative and quantitative methodologies to explore social workers' perceptions and attitudes contributing to their perceived knowledge and comfort in addressing sexuality issues in practice. Findings suggest that perceived knowledge and education in human sexuality are significant aspects associated with the social worker's comfort in addressing and discussing sexuality issues with clientele.

Implication for social work practice, policy, and research are discussed.

iii

ACKNOWLEDGMENTS

My acknowledgements and appreciation to the faculty of the Master of Social Work program at California State University of San Bernardino for the invaluable education and preparation for this upcoming adventure into social work. A special thank you is extended to Dr. Rosemary McCaslin for the irreplaceable guidance throughout this process.

I lovingly thank my parents for your unconditional love and encouragement. You have always believed in me and instilled a belief in myself, a strong sense of confidence and the value of perseverance. I could not have achieved this without your daily participation and assistance. I truly appreciate and thank you for all you have supported and created in my life.

To my love, Marty ~ my voice of reason ~ you calmed my fears, motivated me and encouraged me to stay the path. I am grateful for your understanding and most of all your love.

Michelle, Hannah, and Simone - thank you for the friendship and encouragement through this shared journey. My admiration for each of you is boundless and my gratitude immense.

iv

DEDICATION

To my children ~ RJ, JR, Allie and Hannah For your sacrifice of the past few years You are always my greatest motivation and inspiration I am blessed to be your mom everyday

My love for each of you is immeasurable

TABLE OF CONTENTS

ABSTRACT i	Lii						
ACKNOWLEDGMENTS iv							
LIST OF TABLES	Lii						
CHAPTER ONE: INTRODUCTION							
Problem Statement	1						
Purpose of the Study	3						
Significance of the Project for Social Work	6						
CHAPTER TWO: LITERATURE REVIEW							
Introduction	8						
Human Sexuality in Therapy	8						
Assessing Therapist Attitude and Bias	13						
Human Sexuality in Social Work Education	18						
Theories Guiding Conceptualization	22						
Summary	23						
CHAPTER THREE: METHODS							
Introduction	25						
Study Design	25						
Research Questions and Hypothesis	27						
Sampling	28						
Data Collection and Instruments	29						
Qualitative Questions (Interview)	31						
Procedures	31						
Quantitative	31						

.

	Qualitative	32						
	Protection of Human Subjects	33						
	Data Analysis	34						
	Summary	35						
CHAPTER FOUR: RESULTS								
	Introduction	36						
	Descriptive Statistics	36						
	Preliminary Analysis	39						
	Testing the Hypotheses	40						
	Themes for Qualitative Analysis Qualitative Statistics	42						
	Theme 1: Inadequate Education	43						
	Theme 2: Gained Knowledge Outside of Formal Education	44						
	Theme 3: Continuing Comprehensive Education to Address the Spectrum of Sexuality	46						
	Summary	47						
СНАРЛ	TER FIVE: DISCUSSION							
	Introduction	48						
	Summary of the Study	48						
	Hypothesis	51						
	Qualitative Themes	52						
	Strengths and Limitations	54						
	Implications of the Research	56						
	Summary	57						

APPENDIX A:	QUESTIONNAIRE	59
APPENDIX B:	INFORMED CONSENT	65
APPENDIX C:	DEBRIEFING STATEMENT	67
APPENDIX D:	SEXUAL KNOWLEDGE AND ATTITUDE TEST	69
APPENDIX E:	COMFORT SCALE	71
REFERENCES .		73

.

LIST OF TABLES

Table	1.	Demograph	nic Cha	aractei	istics		37
Table	2.	Graduate	Level	Human	Sexuality	Education	39

CHAPTER ONE

INTRODUCTION

Problem Statement

Human sexuality is a major aspect of everyone's existence. As such, social workers need to have access to information enabling them to be knowledgeable, unbiased, and effective in their professional dealings with individual clients, families, groups, communities, and society at large. The premise of this research is that social workers would be more effective in practice when provided with sufficient human sexuality training and education. Adequate training and education strengthens the competence and ability of the social worker in practice. Additionally, said knowledge increases the comfort level of the social worker in working with even the most vulnerable of populations. The most commonly used definition of human sexuality is defined as "the integration of somatic, emotional, intellectual, and social aspects of sexual being in ways that are enriching and that enhance personality, communication, and love" (World Health Organization, 1975, p. 6).

Only in recent years the field of social work and other related fields have come to be aware that helping those with issues related to their sexuality should be a crucial part of the education and training of every practitioner. Including curriculum about the copious numbers of beliefs, values, and behaviors of people in regards to sexuality is essential in the education of social workers in particular. According to Abramowitz (1972), social workers show the least amount of knowledge in this subject compared to other professionals in comparable fields. While an emphasis on sexuality is a specialty, it should not be. Instead sexuality should be a basic skill and knowledge provided to every practitioner in the mental health field.

There has been little research done regarding social workers knowledge of this subject. Historically, human sexuality education and literature has been omitted from social work graduate curriculum. It was not until 1975 that courses in human sexuality were first offered in the field of social work (Valentich & Gripton, 1975). However, it has become the belief in most universities that human behavior requirements provide enough knowledge to future social workers regarding human sexuality.

Still, social workers continue to have less knowledge about sexuality than others in the mental health field (Brownlee, Sprakes, Saini, O'Hare, Kortes-Miller, & Graham, 2005; Newman, Dunnenfelser, & Bernishek, 2002). The literature that is available to social work graduate students, as well as social workers in practice is limited in knowledge provided (Jeyasingham et al., 2008). This study will attempt to fill a gap in this knowledge.

The aim of this study is to determine to what extent formalized sexuality education affects the knowledge and comfort of social workers in dealing with clients. Also explored is the influence of social worker sexual knowledge on their comfort level with sexual matters in practice.

Purpose of the Study

Human sexuality is a major aspect of everyone's existence. As such, social workers need to have access to information enabling them to be knowledgeable, unbiased, and effective in their professional dealings with individual clients, families, groups, communities, and society at large. The premise of this research is that social workers would be more effective in practice when

provided with sufficient human sexuality training and education. Adequate training and education strengthens the competence and ability of the social worker in practice. Additionally, said knowledge increases the comfort level of the social worker in working with even the most vulnerable of populations. The most commonly used definition of human sexuality is defined as "the integration of somatic, emotional, intellectual, and social aspects of sexual being in ways that are enriching and that enhance personality, communication, and love" (World Health Organization, 1975, p. 6).

Only in recent years the field of social work and other related fields have come to be aware that helping those with issues related to their sexuality should be a crucial part of the education and training of every practitioner. Including curriculum about the copious numbers of beliefs, values, and behaviors of people in regards to sexuality is essential in the education of social workers in particular. According to Abramowitz (1972), social workers show the least amount of knowledge in this subject compared to other professionals in comparable fields. While an emphasis on sexuality is a specialty, it should not be. Instead sexuality should be

a basic skill and knowledge provided to every practitioner in the mental health field.

There has been little research done regarding social workers knowledge of this subject. Historically, human sexuality education and literature has been omitted from social work graduate curriculum. It was not until 1975 that courses in human sexuality were first offered in the field of social work (Valentich & Gripton, 1975). However, it has become the belief in most universities that human behavior requirements provide enough knowledge to future social workers regarding human sexuality. Still, social workers continue to have less knowledge about sexuality than others in the mental health field (Brownlee, Sprakes, Saini, O'Hare, Kortes-Miller, & Graham, 2005; Newman, Dunnenfelser, & Bernishek, 2002). The literature that is available to social work graduate students, as well as social workers in practice is limited in knowledge provided (Jeyasingham et al., 2008). This study will attempt to fill a gap in this knowledge.

The aim of this study is to determine to what extent formalized sexuality education affects the knowledge and comfort of social workers in dealing with clients. Also explored is the influence of social worker sexual

knowledge on their comfort level with sexual matters in practice.

Significance of the Project for Social Work The findings in this study will assist social work graduate programs to understand the knowledge, level of comfort, and attitudes of social workers regarding human sexuality. Additionally, the findings could encourage these graduate programs to alter their curriculum to include specific courses of human sexuality. The research of this study and similar studies could contribute to changes in social work policy by promoting change in requirements of social work graduate level education.

The Council on Social Work Education (2010).states that their purpose:

...to promote human and community well-being. Guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry, social work's purpose is actualized through its quest for social and economic justice, the prevention of condition that limit human rights, the elimination of poverty,

and the enhancement of the quality of life for all persons. (Section 2, Paragraph 1)

In 2002, the Council of Sexual Orientation and Gender Expression was created by the CSWE to promote "the development of social work curriculum materials and faculty growth opportunities relevant to sexual orientation, gender expression, and the experiences of individuals who are gay, lesbian, bi-sexual, transgender, or two-spirit" (¶ 1).

Even with the obvious intention of this council to expand curriculum by including human sexuality and diversity, this change is too slow in occurring. In many cases, the change simply is not comprehensive enough.

Historically, American society has been sexually aware, yet sexually intolerant. Many studies and polls show that this is continually changing toward more tolerance. However, little information is available regarding the potentially changing attitudes of those going into the social work profession.

CHAPTER TWO

LITERATURE REVIEW

Introduction

There has been an increased intellectual interest in sexuality within social work and similar mental health professions. However, little research has been presented in the past decade related to the importance of integrating human sexuality in the training and education curriculum of social workers. The information that is available regarding this issue indicates that while the inclusion of human sexuality in the curriculum would increase the social workers effectiveness in working in the mental health field, there continues to be a reluctance to acknowledge, and therefore, include this subject in an optimal manner. This chapter will discuss features of connection between human sexuality and social work. Issues of practice, attitudes, biases, amount of knowledge, and comfort are included in the discussion.

Human Sexuality in Therapy

Human sexuality is a basic human drive. Human sexuality is the way we express ourselves as sexual beings (Rathus, Nevid, & Fitchner-Rathus, 1993). The

World Health Organization (as cited in Dunk, 2008) defines sexuality:

> ...a central aspect of being human throughout life and encompasses sex, gender identity and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experiences or expressed. Sexuality is influences by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors. (p. 1614)

Social work's focus on the systems that shape individuals lives complements and corresponds with this definition (Dunk, 2007). Many factors help in the development of our sexuality, including actual gender, societal beliefs, religious beliefs, environment, experiences, and exposure. Furthermore, sexuality is an integral part of our personalities whether we are aware of it or not. There are many emotions related to

9

. '

. .

sexuality; however, motivation is the most prominent (Molina, 1999). One of the most elaborate and well-known studies about human sexuality was done by Alfred Kinsey and his colleagues (1948, 1953). Between 1938 and 1949 they interviewed 5,300 men and 5,900 women asking a variety of questions about their attitudes and behaviors regarding sexuality. These reports indicated that homosexuality and heterosexuality are not mutually exclusive and can change over time. The authors also measured the frequency and forms of sexual activity among the participants. Social workers have a responsibility to their clients and practice to maintain a clear understanding of sexuality and its importance in everyday life.

This understanding is discussed by Baylis (2000) with regard to the value-base theoretical foundation in the field of social work. The author examined needs of the Lesbian, Gay, Bisexual, Transexual (LGBT) population and those of older lesbians in particular. The concern of this study was the ability of the social worker to meet these needs through effective service and the response of this sub-population to said service. The author found that the older population believes they are affected by

the lack of social work education and understanding of the challenges faced by their population. This article conveys the real concerns and fears of this segment of the Lesbian, Gay, Bisexual, and Transexual population. It is also made apparent that invisibility is a dependable and secure option for this group in particular. In an effort to be the most effective in practice, it is important to understand subgroups of populations in addition to having knowledge about the population in general.

Social workers' knowledge regarding issues of sexuality impacts their ability to be of value in practice. Assuring sufficient knowledge among social workers in graduate education and training ensures that in practice they will address heterosexism policies and structures within agencies and society (Foreman & Quinlan, 2008).

Ageism is another issue that therapists must consider regarding sexuality. Sexuality involves a number of spheres such as biological, psychological, and social (Umidi, Pimi, Ferretti, Vergani, & Annoni, 2007). Studies that focused on elderly populations and sexuality commonly examined the problems faced by this population.

Researchers have recently begun to look at the affectivity and desires of the elderly, finding that the elderly still desire emotional expression through physical contact (Umidi et al., 2007; Ginsburg, Pomerantz, & Kramer-Feeley, 2005). Normative limitations such as health issues, menopause, physical disabilities, and lack of a partner are expected and addressed throughout literature on the elderly population (Nappi & Lachaowsky, 2009; Ginsburg et al., 2005). A comprehensive understanding of the issues facing this population is, as with other populations discussed, important for social workers to obtain.

Similarly, sexuality among the physically disabled is a little researched subject. Walter, Nosek, and Langdon (2001) examined the understanding of sexuality among women with disabilities and those without. This study showed that while both groups of women had equitable knowledge and understanding of sexuality, they varied considerably in their sexual experience. The authors emphasize the importance of teaching disabled women that they are indeed not asexual. While the authors place this responsibility primarily on parents and

educators, social workers also play an intricate part in providing such information as well.

Assessing Therapist Attitude and Bias

Attitudes of social workers are impacted by personal and social bias. Such biases in turn, impact social workers in practice. Newman et al. (2002) examine the history in America regarding discussions of issues of sexuality. They pointed out the changing attitudes toward more tolerance of the subject over the years. They stated that little information is available regarding the changing attitudes among social work students themselves. The main concern is societal expectations and attitudes that are internalized by each of us. The author illuminated the reality that although we may choose to be social workers, we need tools to enable us to release the prejudice that we have learned from society in order for us to be optimal in our aspiration to be of assistance to those in need.

The power-sexuality relationship is the focus of Brikell's (2009) study. This author focused on power as intrinsic to the relationships between sexuality, individual experience, and social dynamics. The author

points out that questions of power and sexuality arise frequently in many disciplines in regards to how power inflects and helps to structure sexuality. The author believes that power defines, regulates, and constitutes sexuality while contributing to the maintenance of inequalities. It is concluded that social workers must remain acutely aware of their own existence within these power structures, both private and professionally, as it influences their relations with their clientele. By recognizing the affect that private and professional power structures have on attitudes and biases of the social worker, negative effects can potentially be altered to avoid negative outcomes in practice.

With regard to personal bias and attitudes, Dunk (2007) notes that Canadian social work education began including human sexuality seminars as part of its curriculum in the 1970's. It was not uncommon for conflict to arise during these seminars due to the individual attitudes of the social work students in regards to homosexuality and other sexuality issues.

Additionally, Harris and Hayes (2008) explain that sexual knowledge creates sexual comfort in therapists working in the mental health field. The authors believe

that the anxiety and reactivity experienced by therapists negatively impact their effectiveness in practice. They emphasized the importance of mental health professionals' need to maintain a current and accurate base of knowledge about sexuality. They state that "when helping professionals ignore client sexuality, the potential for unintended negative outcomes increases" (p. 239).

Similarly, Foreman and Quinlan (2008) discuss the importance of challenging social work students about their own attitudes regarding homosexuality and similar issues. The authors examine the effect that heterosexist policies and attitudes have on the LGBT population. The concern in this article is that in order for social work practitioners to be most effective, it is imperative that they confront and understand their own attitudes and prejudices. Only in doing so, clients benefit from unadulterated feedback and can be assisted through the necessary processes toward self-efficacy and empowerment. In this article, the training provided by the Gay Men's Health Program offer social workers and other professionals the opportunity to understand the challenges that their clientele might face, as well as the opportunity to express their own professional fears

and personal challenges in effectively treating this population. This occasion of confrontation, expression, and understanding provides the social worker an incredible view, both introspective and peripherally, which not only benefits the social workers, but inevitably their clients.

Of interest, Parritt et al. (2000) take the issue of bias a step further in their study regarding therapists' work with the disabled in particular. Their study examined sexual and relationship therapists' experience working with the physically disabled. There is controversy concerning the definition of disabled. While there is a publicly accepted definition provided by the World Health Organization, many in the disable community dispute it as an "able-bodied view of disability" (p. 152). This controversy may hinder studies on the subject. A dynamic that came out of this study is that the participants tended to split as a result of tension related to awareness in the therapist's part of the client's disability. This occurred in two manners, 1) a distancing within the context of the therapeutic relationship or 2) utilizing coping strategies learned either within the professional experience or personal

experience. According to the authors, the therapists' personal bias regarding the disability often distracts from the effectiveness of the therapy.

Brownlee et al. (2005) state heterosexism is the most common social bias. They conducted a study of social work students at a university in Canada and examined the prevalence of heterosexism among them. Although many studies show that the rate of heterosexist prejudice is lower among social workers than the general population, such attitudes remain of great concern. Most research conducted on heterosexism among social workers is aimed at professionals. These studies indicate that social workers have a greater incidence of heterosexism than do psychiatrists and psychologists (p. 486). While the results of this particular study showed that the existence of heterosexism among the participating students was low, it is still disturbing that it exists at all. Heterosexism in social workers in practice can ultimately result in negative outcomes with clients. This study again brings about the international significance of this issue.

Human Sexuality in Social Work Education Scholars in the field of social work education have been focused primarily on defining sexuality within the context of specific, marginalized populations rather than viewing sexuality as a vital part of every individual (Dunk, 2007). Sexuality is discussed and studied as being within a particular population, as opposed to across all populations.

Abramowitz (1971) first introduced the issue that the field of social work must address educating social workers in human sexuality. This article is second in reference only to the Kinsey Report when human sexuality and social work education were being studied. The study specifically addressed the gap between traditional attitudes and actual behavior in the area of human sexuality during this era. With the sexual revolution in full swing, the author felt it was critical that attention be paid to this issue by the social work education field. She refers to the publication of the Kinsey Report as being significant in recognizing that actual behavior does not coincide with the mores of society. The author concluded that it was necessary for schools of social work to re-examine their curriculum to

include human sexuality coursework. The author strongly encouraged that the subject not only simply be offered as an elective as it might "not reach students who may need it" (p. 353).

Smith, Foley, and Chaney (2008) discuss the lack of inclusion of classism, "ableism" (p. 303), and heterosexism in the training and education of counselors. Since 1991 multicultural competence has been included as an educational mainstay. However, the aforementioned aspects of human sexuality have been slow to be fully included. Even with this, an earlier study by the authors showed that only 2.11 percent of major counseling journals included any information about sexuality. Of particular concern in this article is the relationship between heterosexism and race. Heterosexism results in a negative response towards homosexuality in general and is magnified within people of color. This subpopulation struggles with double oppression. The findings of this study illustrate the need for counseling graduate students to be adequately trained to provide culturally sensitive, non-racist, non-heterosexist services to the LGBT population and its related sub-populations when in practice.

Berkman and Zinberg (1997) studied the homophobic and heterosexist attitudes in social workers. The study was designed to determine heterosexual social workers' attitudes toward gay men and lesbians and to understand how these attitudes are related to working with this population. While many of the expected correlative outcomes were insignificant in this study, the strongest correlation was between education and homophobia. Social workers who receive more education regarding the LGBT population showed considerably lower levels of homophobia.

Fish (2008) emphasizes the lack of attention given to sexuality in social work texts despite the field's commitment to diversity and anti-oppressive practice. Fish outlines a model of the construction of the LGBT population as partial citizens. This model includes the following social divisions: civil and legal, social, political, moral, and psychological. Inclusion of these divisions assists in understanding the systemic disenfranchising of this population. The author also examines the information available in social work education regarding understanding heterosexism. The normalization of heterosexism, which includes copious

amounts of misinformation, has an impact on all of society, inevitably including social workers. Social workers are committed to social justice and fighting oppression. Parallel oppression, oppression that occurs across social divisions, is filled with assumptions and creates confusion by systematically normalizing the dominant groups while creating a similarity to the oppressed groups and is of great challenge to social workers. The author argues that this forms invisibility, a misleading impression that it exists in isolation.

Jeyasingham (2008) looks at literature that is intended for social work students and analyzes how it creates systems of knowledge, or lack of knowledge. The author states that literature made available to the field of social work maintains a system of limiting the knowledge of sexuality. He proposes that a system of knowledge exists that is exclusionary in nature by not including certain behaviors, feelings, and groups of people. He proposes that much of the literature about sexuality lack attention to LGBT experiences in the wider social work writing, discussion, and practice. The author proceeds to analyze a number of writings presenting the strengths (knowledge) and weaknesses (limits of

knowledge) in each. Jeyasingham purports that literature continues to address the LGBT population from a minority or non-normative status. He states that social work practitioners would be more effective in practice if they had access to literature that included sexuality as an aspect of individual identity, constructs sexuality as either visible or hidden. And instead of detailing differences, should examine the consequences of homophobia and heteronormativity.

Theories Guiding Conceptualization

Social learning theory, which includes modeling and observational learning integrates components of operant conditioning and social cognition (Hogden et al., 1998). This theory emphasizes rewards or reinforcement for behavior. In relation to sexuality, sexual pleasure, or the expectation of such, is a very powerful reinforcer (Hogden & Byrne, 1998).

Social Exchange is another theory commonly utilized in sexuality. The focus of this theory is on interpersonal transactions. This theory is useful in understanding sexuality in a relational context (Sprecher, 1998). Exchange theory models are based on the

concept that people interact based on an exchange of resources between the people involved. Similar to systems theory, this theory also espouses that behavior is repeated if there is a reward. In this theory, the people involved in the relationship gain rewards from one another (Sprecher, 1998).

The systems theory is another approach to human sexuality. Systems theory is based on a whole structure that cannot be understood by investigating its interrelated components apart from one another (Jurich & Myers-Bowman, 1998). In essence, a clinician cannot assess and effectively provide service for the whole individual without considering the aspect of sexuality. Although the clinician may not acknowledge the issue of sexuality with clients, this does not mean that the issue is not present.

Summary

As previously discussed, the premise of this study is that social workers would be more effective in practice if provided with more comprehensive and sufficient training and education regarding human sexuality. The literature discussed supports this

hypothesis inasmuch as such training and education would increase knowledge of social work practitioners and challenge their own attitudes and biases regarding human sexuality. This researcher hypothesizes that social work graduate students do not have sufficient human sexuality training and education provided within their education programs. Additionally, this lack of training and education creates discomfort in social work practitioners' ability and willingness to address issues of sexuality with their clientele.

Furthermore, in order for this training and education to transpire, it is important that graduate programs include human sexuality courses in curriculum. As described previously, the inadequate information available in texts and other literature intended for social work graduate students lends to the construction of a system of oppression and marginalization, as well as supports a system of a lack of knowledge (Fish, 2008; Jeyasingham, 2008). It is proposed in this study that human sexuality courses included in core curriculum of graduate social work programs would facilitate social work practitioners in work with all populations in all aspects in the realm of the field.

CHAPTER THREE

METHODS

Introduction

Chapter three outlines the methodology used in this research project. It will begin by restating the problem, followed by an identification of the research method used, including a rationale for choosing the stated approach; an explanation is given of the research design which will include methodological implications and limitations; descriptions of the sampling, data collection, instruments, procedures, protection of human subjects, and data analysis will follow; and a statement of the research questions will be presented, including related hypothesis. A summary will conclude this chapter.

Study Design

The aim of this study is to examine 1) to what extent graduate level sexuality education affects the sexuality knowledge of social workers in dealing with clients and 2) explores the influence of social worker sexual knowledge regarding their comfort level with sexual matters in practice.

This study is a hybrid, utilizing both qualitative and quantitative methods to assess the knowledge and comfort of social workers with matters of sexuality. The qualitative procedures describe the experience and comfort of the participants when discussing matters of sexuality in practice with clients. As a subset, described are the participants' views regarding the effectiveness of human sexuality education in their social work graduate programs. In addition, the quantitative procedures describe the perception of human sexuality knowledge and comfort.

Implications of this study will test the hypothesis that the amount of sexuality education and training social workers receive during their graduate programs and after graduation will have positive effects on: 1) the knowledge, 2) attitude, and 3) comfort level of the social worker.

One limitation of the study is that participants may not be comfortable with some or all of the questions within the questionnaire, which may limit their participation.

Another limitation could be self-report bias. In the field of social work, a liberal view is preferred

(Bayliss, 2000). Therefore, participants may be inclined to answer questions as they believe they should rather than what their honest answers would be. The qualitative portion of this study could assist in balancing this limitation.

Research Questions and Hypothesis

The researcher will address two of them in this study in an effort to explain how *knowledgeable* social workers are in sexuality and how *comfortable* they are in discussing the issues of sexuality with their clients. The specific research questions and related hypothesis are presented below.

Research question 1

Does the extensiveness of social worker sexuality knowledge influence their comfort in discussing sexual issues with their clients?

Hypothesis 1

Social workers with more comprehensive knowledge about sexuality will be more comfortable in discussing sexual issues with their clientele than social workers with less sexuality knowledge.

Research Question 2

Does social worker sexuality knowledge influence their comfort level with sexual issues in practice? *Hypothesis 2*

Social worker sexuality knowledge will have a positive impact on their comfort with sexual issues. Research Question 3

Does social work graduate sexuality education provide sufficient sexuality knowledge for social workers?

Hypothesis 3

Social workers who were provided more comprehensive sexuality education in their graduate education will be more comfortable with sexuality issues in practice.

Sampling

Data was collected from a sample of social workers who completed graduate school. Approximately 25 participants will be recruited from the Inland Empire National Association of Social Workers (NASW) chapter.

To be included in the study, participants had to be practicing social workers, licensed, or not yet licensed.

This sample was chosen because of the study's purpose to assess the amount of knowledge social workers have in human sexuality, explore comfort levels of social workers in addressing sexuality with clients, and investigate the lack of human sexuality courses offered in social work curriculum.

Data Collection and Instruments

Data were gathered from both self-report surveys (See Appendix A) and individual interviews with social workers. Self-report surveys were placed online through a link on the NASW Chapter website. Participants were asked to go to the link to participate in the study. Participants were provided with general instructions, an informed consent form with a statement of confidentiality (see Appendix B), and a debriefing statement (see Appendix C).

The independent and dependent variables of the study were sexual knowledge and sexual attitudes of social workers. Sexual knowledge and attitudes were measured by using The Sexual Knowledge and Attitude Test (SKAT) (see Appendix D). The SKAT is a pre-existing scale developed in 1972 to assess sexual attitudes, knowledge, and level

of personal experience. The SKAT consists of a knowledge subscale, an attitude subscale, a subscale about background, and a subscale about sexual experience. The SKAT is considered to be valid based on the fact that items included have face and content validity (Harris & Hayes, 2008). This researcher chose not to include the complete SKAT, instead including only those questions that were most current and pertinent to this particular study.

Social worker's comfort with sexual issues is the last dependent variable measured in this study. Measuring these comfort levels was accomplished through the utilization of a scale. This scale measured the participants' perceived comfort level in discussing sexual issues with four components: 1) clients; 2) students/trainees; 3) supervisors; and 4) colleagues (see Appendix E).

Sexuality education and training was the independent variable in this study. The scale measuring levels of sexuality education and training consists of 8 items. Items ask specific questions regarding the amount and/or types of sexuality education and training the participants received during and after graduate school.

Demographic questions included gender (nominal), age (ordinal), level of post-graduate education (nominal), years in practice (ordinal), and personal values (ordinal).

Qualitative Questions (Interview)

The topics presented during the interviews were:

- To what extent did your graduate program include courses specific to the topic of sexuality?
- 2) How did this education and/or training adequate to prepare you for working with clients struggling with issues related to sexuality?
- 3) How did the sexuality education and training you received affect your comfort in discussing issues of sexuality with your clients?
- 4) What changes, if any, would you like to see in the sexuality education and training of social workers in graduate programs?

Procedures

Quantitative

Participants were solicited through the local NASW chapter and through personal communication and referral.

Participants accessed the survey through a link to a website. Surveys were also provided in person to participants who preferred not to utilize online access. An informed consent and a statement of confidentiality (See Appendix A & B) were provided online and must have been accepted electronically in order for the participant to access the full survey. An informed consent and a statement of confidentiality were provided with all paper surveys as well. There was no time limit to complete the online survey. Participants were asked to respond to statements and questions by marking the appropriate answer. Once all statements and questions were completed, participants were instructed to submit the online survey.

Surveys were collected by the researcher. All surveys were collected over a three-week period. The researcher then assigned code numbers to each survey. Once collected, the information was kept in a locked file.

Qualitative

Participants were solicited from the local NASW chapter in Redlands, California. A focus group was conducted in person at the monthly meeting of the NASW chapter. The focus group was taped with the participants'

consent. There was no time limit for the focus group. The tape was given a code number and stored in a locked file.

Protection of Human Subjects

To protect the identity of the participants, surveys were numbered, given a code number, and anonymity was further secured by not having any participant-identifiable information on the instrument.

In addition, in the transcript from the focus group, participants were identified only by code number; it was transcribed by the researcher only, and kept in a locked file.

All participants were provided an informed consent form (see Appendix A) and a statement of confidentiality (see Appendix B). Participants were asked to place a check mark on the forms acknowledging the informed consent and the purpose and nature of the study. For online participants, these forms were signed electronically, and then participants were provided access to the survey. Focus group participants were asked to sign the forms in person, and then the researcher proceeded with the focus group. All data and consent forms were destroyed after the completion of the study.

Data Analysis

The quantitative procedures utilized in this study described the concept of human sexuality knowledge and possible constructs. The qualitative procedures described the view of the participants with regard to their knowledge of sexuality and their comfort level in discussing issues of sexuality with their clientele. The dependent variables investigated in the study included 1) social worker sexual knowledge and attitudes and 2) social worker sexual comfort. The following independent variables were also examined: social worker sexuality education, gender, age, values, level of education, and years in practice.

Multiple regressions were run to examine the influence of human sexuality education on sexuality knowledge. In addition, a multiple regression was run to test whether human sexuality knowledge effects comfort level in discussing issues of sexuality.

The recording from the taped focus group was transcribed verbatim. The transcription was examined to identify themes and trends. Themes found included the sufficiency of education and training in graduate level programs; perceived level of knowledge upon graduation

and entrance into the professional field; and comfort of the social worker in practice when working with clientele in regards to issues of sexuality. Further examination of the trends and themes aided the researcher in creating a conceptual model for establishing the value and relationships within the results.

Summary

In Chapter Three, the study design utilized for the research, participant sampling, instruments and procedures used, and data analysis were investigated. Also presented were preservation of anonymity and confidentiality. Chapter Four presents the results of this research study.

CHAPTER FOUR

RESULTS

Introduction

This chapter contains a detailed description of the results of this study. The quantitative data were generated from surveys of twenty-five social workers and was analyzed using a SPSS computer program. Forms of analysis included frequencies and multiple regressions.

Qualitative data were generated from a focus group of social workers from a local National Association of Social Workers unit. All results were analyzed utilizing a coding method that grouped together similar themes and responses from the participants.

Descriptive Statistics

The total sample used in the quantitative portion of the study was 25 participants. The demographic characteristics of the sample are shown in Appendix C (Demographic information: gender, age, education level and years in practice).

Ages of participants ranged from 32 to 65 years old (x = 33, s.d. = 8.618), with 12% of the sample 36 years

old (n = 3). The total sample consisted of two males (8%) and 23 females (98%).

The educational level of participants consisted of one DSW/PhD (4%) and 24 MSW (96%). Participants' years in practice ranged from two to 22 (x = 20, s.d. = 5.184), with 12 % of the sample being in practice nine and 13 years respectively (n = 3).

Characteristic	Frequency	Percentage		
Gender		••		
Female	23	92.0		
Male	2	8.0		
Education Level				
MSW/MA	24	96.0		
DSW/PhD	1	4.0		

Table 1. Demographic Characteristics

To better understand the sample, it is important to understand their perceived value system. Participants rated their personal value system on a Likert-type response format ranging from 1 (traditional) to 5 (progressive). No participants considered their values to be traditional, while 1 (4%) stated their values were less than traditional. Ten (40%) considered their values

"middle of the road," and fourteen (56%) were less than progressive, while no participants considered their values progressive. The mean for this sample was 3.52, which indicates a less progressive value system for the overall group.

Of the sample, 4 (16%)had not received any human sexuality education in their graduate programs. Four (16%) had human sexuality as a component in a graduate level course. Three (12%) had taken an entire required course in human sexuality. No participants had taken an entire elective course in human sexuality. Seventeen (68%) had human sexuality integrated throughout their graduate program courses. Fifteen (60%) have attended at least one workshop on human sexuality. Twelve (48%) read about and stay current on the issue of human sexuality. No participants reported teaching a course on human sexuality.

Level	Frequency
No Graduate Courses	4
Component of course	4
One entire required Course	3
One entire elective Course	0
Integrated through curriculum	17
Attended at least one workshop	15
Taught a course	0

Table 2. Graduate Level Human Sexuality Education

When asked if they felt they were adequately prepared to work with clientele in regard to human sexuality issues, fourteen (56%) disagreed. Six (24%) strongly disagreed, indicating they were not adequately prepared, while five (20%) were neutral, neither agreeing nor disagreeing.

Preliminary Analysis

As only a portion of the Sexual Knowledge and Attitude Test (SKAT) was included in this study, reliability was tested utilizing a Cronbach's alpha test. The analysis from this test indicated that the SKAT would not serve as an adequate scale for this study (alpha = .486). The perceived knowledge portion of the questionnaire had better reliability (alpha = .685) than

the SKAT. Therefore, the participants perceived sexual knowledge was utilized for finding results in this study.

Testing the Hypotheses

The first hypothesis expected that social workers with more comprehensive sexuality knowledge would be more comfortable in discussing sexual issues with their clientele. To test the influence of perceived human sexuality knowledge on social workers comfort in discussing sexual issues with clientele, a multiple regression was conducted. The results indicated that participants' perceived knowledge had a significant effect (P = .036, F = 2.835) on their comfort in discussing sexual issues with their clientele. Variables included in the equation were perceived knowledge of STI's, sexual dysfunction, reproduction, and contraception, sexual orientation, sexual relationship enhancement, sexual abuse, sexual development across the lifespan, effects of prescription and illegal drugs on sexual functioning, and sexuality issues for special populations. The variables explained 63% of the variance in social worker's comfort in discussing sexuality in practice. There were three variables that were highly

correlated with social worker's comfort in discussing sexuality in practice. These were perceived knowledge in reproduction and contraception (r = .530), sexual orientation (r = .639) and sexual abuse (r = .513). The findings did support the first hypothesis. There is a strong effect between social workers' perceived sexual knowledge and their comfort with sexual issue in practice.

The second hypothesis expected that social workers who were provided more comprehensive sexuality education in their graduate education will be more comfortable with sexuality issues in practice. To test the effect of human sexuality graduate education on social workers comfort in discussing sexual issues with clientele, a second multiple regression was conducted. The results indicated that graduate level comprehensive sexuality education did not have a significant effect (P = .758) on their comfort in discussing sexual issues with their clientele. Variables included in this equations were no graduate courses in human sexuality, sexuality as a component in graduate level course, one entire required course on sexuality, one entire elective course on sexuality, sexuality integrated throughout curriculum, attended at

least one workshop on sexuality, read about and stay current on sexuality issues, and taught a course of human sexuality. The variables explained only 15.7% of the variance in social worker's comfort in discussing sexuality in practice. The findings no not support the second hypothesis.

Themes for Qualitative Analysis Qualitative Statistics

The focus group was a sample of ten social workers. Of the sample, eight were female and two were male. All participants had a Masters Degree or higher in social work and have worked with clientele directly. The focus group was audio taped and due to anonymity, other demographic information was not recorded. A qualitative data analysis was used to examine the thematic patterns that emerged from the narrative data. Open-ended questions were utilized to explore the attitudes and knowledge of social workers regarding their comfort in working with clientele regarding human sexuality. The focus groups were asked four questions and the discussion lasted approximately sixty-five minutes. The discussion was audio taped, transcribed verbatim, and analyzed for the emergence of common themes. The final stage of the

analysis involved the grouping of the data into themes, which permitted the researcher to draw conclusions.

Comments regarding education, perceived knowledge and comfort levels were analyzed. Three themes were identified among these comments.

Theme 1: Inadequate Education

Many participants felt that they did not receive adequate training or education in respect to human sexuality in their graduate programs to prepare them for discussing sexuality issues in practice. Comments such as "none" and "nada" were common among the responses. Characteristic of these comments was that information that was offered in issues of sexuality were "not presented as a spectrum," and were usually limited to "issues of sexual orientation." One participant stated that sexuality "was incorporated into everything such as you incorporate gender, religion, everything else" (participant E, personal interview, March 2010). Most participants concurred with the comment, "you're supposed to be getting human sexuality but it does tend more toward orientation" (participant C, personal interview, March 2010). Another commented that sexuality in her graduate program was "focused on homosexuality as an

issue," (participant D, personal interview, March 2010) not human sexuality as a continuum.

Statements made during the focus group discussion indicated that there was a general agreement that the participants graduate programs did not include sufficient human sexuality education in the curriculum to prepare them for their post-graduate practice with clientele. One participant noted regarding her lack of exposure to adequate human sexuality education in her graduate program "it's too bad because I was already a social worker, I should have learned it from school" (participant D, personal interview, March 2010).

Theme 2: Gained Knowledge Outside of Formal Education

Participants indicated that they gained more knowledge of human sexuality in their field assignments during graduate school, seeking sexuality knowledge post-graduation and in practice after graduating. One participant explained "I ended up taking a human sexuality course a couple of years ago, just to regroup and refocus and to learn some of what I didn't get from my school courses" (participant C, personal interview, March 2010). Another mentioned taking an "actual human

sexuality class as one of the pre-licensing classes," adding that he "learned more from that than anything I've ever been in" (participant C, personal interview, March 2010). One seasoned social worker stated that she learned about sexuality issues "from a family member" (participant B, personal interview, March 2010). Most agreed with the comment that "in the MSW program I was exposed to and benefited by exposure to my field placement" (participant D, personal interview, March 2010). There was a common perspective that "we often learn from our clients whether it's in our field practice or later" (participant H, personal interview, March 2010). Others mentioned knowledge coming from "personal experience," "reading," and "movies."

Statements made during the focus group discussion implied that there was concurrence among the participants that they gained more knowledge and understanding of issues related to human sexuality in their field placements and post-graduation, than in their classroom work in their respective graduate programs. A participant summed up these comments by stating "as social workers, we know how to do research" (participants E, personal interview, March 2010).

Theme 3: Continuing Comprehensive Education to Address the Spectrum of Sexuality

Participants indicated that continuing comprehensive education would be beneficial in gaining information and increasing knowledge in specific areas of sexuality. A participant acknowledged how in the focus group "people had broadened the topic" and due to this it is a "difficult thing" (participants H, personal interview, March 2010) to include all the issues of sexuality individually in curricula. Issues brought up included "personal rights," language," "body image," "the disabled population," "homosexuality," "transgendered," the "elderly," and "deviant sexual behaviors." Comments addressed the "vastness" of human sexuality brought attention to the challenge of appropriate inclusion "from a curriculum point of view."

Discussions turned to a variety of suggestions and recommendations regarding possible methods and approaches to continue and increase social workers' knowledge and training in issues of human sexuality post-graduation in an effort to increase comfort in working with clientele on these issues. One Recommendation that spurred further discussion included introducing quarterly "public forums"

on the CSUSB campus on specific topics within the spectrum of human sexuality.

Summary

The results of this study were presented in Chapter Four, by dividing them into parts. The demographics of the quantitative data were presented, followed by descriptive analyses. Next, qualitative data were presented which included demographics, questions, and responses. Next, a preliminary analysis was described and the decision to remove the SKAT portion of the results was explained. Testing of the hypotheses was examined next, followed by emerging themes of the qualitative data.

These results are interpreted and discussed in Chapter Five as they relate to the influence of knowledge and education on the comfort of graduate level social workers in discussing sexual issues in practice.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter Five is organized in four sections. First is a summary of the study including a reinstatement of the purpose and descriptions of the hypotheses. Second, results and findings are presented and placed in relation to previous research. Third, strengths and limitations are discussed. Finally, suggestions for future research and implications for social workers are presented.

Summary of the Study

The purpose of this study was to examine influences on social workers' comfort in discussing sexual issues with clientele. Variables that were investigated were social workers' graduate level education and training, and social worker's perceived sexual knowledge. These variables were hypothesized to influence social worker's comfort level based on literature review which suggested that sexuality education, knowledge and comfort were imperative qualities for social worker's to have. Many researchers have asserted that knowledge and comfort are necessary for social worker competency in working with

clients regarding issues of sexuality (Abramowitz, 1971; Berkman & Zinberg, 1997; Brownlee et al., 2005; Dunk, 2007; Fish, 2008; Foreman & Quinlan, 208; Harris & Hayes, 2008).

Systems theory was chosen as one theoretical framework from which to understand the importance of social workers' discussing sexuality issues in practice. This theory is based on a whole structure that cannot be understood by investigating its interrelated components apart from one another (Jurich et al., 1998). Essentially, a complete assessment and effective services cannot be provided without considering issues of sexuality of the person.

Social learning theory was also selected as a theoretical framework from which to understand the necessity that social workers address sexuality issues in practice. This theory provides a base of social expectation, appropriateness, and acceptability as they are constructed in each culture. This theory also conversely provides a base for social taboos.

This study was a hybrid, utilizing both qualitative and quantitative methods. For the qualitative portion of the study, the sample was a focus group of ten social

workers from a local NASW chapter. For the quantitative portion of the study the sample was solicited from the same NASW chapter through personal communication and referral. All participants possessed degrees of Masters in Social Work or higher. They were asked to respond to questions based on their personal and professional experience. Qualitative participants were not asked to provide demographic information. Quantitative participants provided information about demographics, graduate sexuality education, perceived sexual knowledge, and comfort in discussing issues of sexuality in practice.

Preliminary analysis was run for reliability as only a portion of the Sexual Knowledge and Attitude Test (SKAT) was included in this study. This analysis indicated that the SKAT would not serve as an adequate scale for this study, therefore the perceived knowledge portion of the questionnaire was utilized as a better indicator of social workers' comfort. Data were analyzed using Multiple Regression Analysis.

Hypothesis

The first hypothesis looked at the influence that social workers' sexuality knowledge had on their comfort in discussing sexual issues in practice. As previous research has found, this study confirmed that social workers who have more perceived sexual knowledge are more comfortable in discussing sexuality issues in practice (Berkman & Zinberg, 1997; Foreman & Quinlan, 2008; Harris & Hayes, 2008).

The second hypothesis looked at the influence that comprehensive sexuality education has on social workers' comfort in discussing sexual issues in practice. This study did not confirm what has been previously found in research, that social workers with a more comprehensive graduate level sexuality education are more comfortable in practice discussing issues of sexuality (Abramowitz, 1971; Fish, 2008). However it did show that social workers who read and kept current on issues of sexuality were most comfortable discussing issues of sexuality in practice.

Qualitative Themes

Many participants felt that they did not receive adequate sexuality education in their graduate programs. This confirms the findings of previous studies (Abramowitz, 1971; Smith et al., 2008). Although all participants had received some education in human sexuality, they further specified that, as found in previous research, it was not sufficient to prepare them for discussing issues of sexuality in practice. As found in the quantitative portion of this study, the focus group concurred with the statement of by one participant that "a good social worker learns to do research. Through the use of the internet and cable television, there are a lot of variations on the topic" (participant D, personal interview, March 2010). Essentially, they stated that although no participants felt that their graduate education prepared them adequately for discussing sexuality issues in practice, as social workers it is a part of their training and profession to seek and maintain current and appropriate research and knowledge on issues related to human nature, including sexuality. This supports previous research (Berkman & Zinberg, 1997; Dunk, 2007) which found an increased potential for

positive outcomes in practice among social workers who were proactive in their efforts to stay current on research and information related to sexuality.

A second theme that emerged from the focus group was that participants indicated that they gained more knowledge of sexuality from their field assignments than from their classroom experience. This supports previous research (Newman et al., 2002; Trotter & Leech, 2003) that has found that although a majority of social work graduate programs lack in providing adequate human sexuality training, the experience of working with clientele in field assignments exposes social work students to face-to-face education where they learn from their clientele what is not being provided in textbooks and classrooms.

A similar third theme emerged from the focus group that indicated continuing post-graduate education would be beneficial in gaining information and increasing knowledge in specific areas of sexuality. Discussion involved the issues that there are many facets to human sexuality, thus increasing the difficulty of providing all-inclusive sexuality education in graduate curricula. Previous research found (Bayliss, 2000; Berkman &

Zinberg, 1997; Brownlee et al., 2005, Harris & Hayes, 2008) that social workers commonly lack comprehensive knowledge of human sexuality issues. Social work is a discipline combining biological, psychological, sociological, and spiritual aspects of human nature and sexuality is a part of each of these perspectives. This study confirms what previous research has found (Bayliss, 2000; Gott & Hinchliff, 2003; Parritt & O'Callaghan, 2000; Umidi et al., 2007; Walter et al., 2001) that it is imperative that social workers stay apprised of current information related to all issues of sexuality including but not limited to gender, age, sexual orientation, development, taboos, assault, crisis and persons with disabilities.

Strengths and Limitations.

In consideration of the strengths of this study, the hybrid nature brings both descriptive and empirical findings regarding social workers comfort in discussing sexuality issues in practice. Most previous research has been descriptive in nature, with very few researchers providing empirical data. Involving both provided

information and findings that would not have come to light by choosing only one method of research.

Another strength of this study is the utilization of perceived sexual knowledge rather than the SKAT. Perceived sexual knowledge emerged as an indicator in self-confidence as it related to competence in practice.

There were many limitations to this research. The sample size was small in both the quantitative and qualitative data. It would be useful in further research to involve a considerably larger sample.

A second limitation is that the sample was limited geographically. The sample was from specific regions of Southern California only. In future research, it would be useful to expand the geographic area of the sample.

Another limitation is the self-report nature of the survey. There is an increased possibility of false reporting in self-report surveys. Responses can be inflated by the participants for a variety of reasons.

The nature of the focus group is also a limitation to this research. The open discussion of the focus group increases the possibility of participant responses being influenced by expectation and social pressure.

Implications of the Research

There are several implications of this research. The findings of this study show a significant relationship between social workers' perceived sexual knowledge and education and their comfort in discussing issues of sexuality in practice.

For graduate program coordinators, it suggests that more comprehensive sexuality education be presented to social work graduate students. Upon graduation, and reflecting back to early practice, social workers do not feel adequately prepared to address issues of sexuality in a competent manner. Providing a more comprehensive human sexuality education, which includes the various aspects of sexuality, would benefit social workers and the field of social work as a whole.

For social work graduate students, this research suggests the need for individual research and self-education. As a majority of graduate programs do not provide comprehensive sexual education, obtaining this information and increasing one's knowledge becomes the responsibility of the individual. Social workers are trained to go to great lengths to provide services for and meet the needs of their clientele. For graduate

social work students, this facet of social work should begin during graduate education by taking the opportunity to seek out information with regard to the diverse aspects of sexuality.

For practicing social workers this research suggests that continued education regarding the growing and fast changing subjects of human sexuality is imperative to providing competent services to clientele in practice. Suggestions were provided in this research such as quarterly public discussion panels being coordinated at college campuses in an effort to not only educate the students and faculty regarding authentic and current issues related to sexuality, but to open discussion to the public in an effort to also provide a public service of education.

Summary

This research offers new information on the importance of social workers' knowledge and education as it relates to their comfort in practice with regard to sexual issues of clientele. Graduate programs must provide more comprehensive sexuality education in an effort to better prepare social workers for post-graduate

practice. It needs to be a priority that social work graduate students are capable of providing competent services to their clientele, including but not limited to issues of sexuality. APPENDIX A

.

.

l.

.

QUESTIONNAIRE

,

QUESTIONNAIRE

Please fill in the blank with the appropriate information or circle the following responses about you.

Please answer each question without the aid of supplemental materials.

1.	Gender Female	Male	Other				
2.	Age 20-29	30-39	40-49		50-59		60 or older
3.	Highest level MSW	of education DSW/	'PhD				
4.	Years in pract	tice					
	5 or less	6-10	10 or 1	more			
		Trac	litional			Prog	gressive
5.	I consider my		1	2	3	4	5
 6. Human sexuality training in your graduate program (circle all that apply) A. I had no graduate courses in human sexuality B. I had some training in human sexuality, as a component in a graduate level course C. I had one entire graduate course in human sexuality as a required course D. I had one entire graduate course in human sexuality as an elective course E. Sexuality training was integrated throughout my curriculum F. I have attended at least one workshop on sexuality G. I actively read in the area of sexuality, stay current with sexuality issues H. I have taught a course on sexuality 							
6.	Please indicat scale:	e your reaction	s to the	followi	ing state	ements ı	using the following

	Strongly Disagree				Strongly Agree
I respond openly and confidently when my sexual values are challenged	1	2	3	4	5
I communicate effectively about sexuality	1	2	3	4	5

I use sexual vocabulary which is appropriate to the situation	1	2	3	4	5	
I am sensitive to and respectful of others' feelings and anxieties towards sexual matters	1	2	3	4	5	
I encourage clients to explore their own sexual issues	1	2	3	4	5	
I encourage clients to explore their own sexual values	1	2	3	4	5	
I am not concerned about how I influence clients' sexuality	1	2	3	4	5	
I am confident in my knowledge about sexuality	1	2	3	4	5	
I appear poised in session when addressing sexual matters	1	2	3	4	5	
I find myself lacking in respect for and feeling intolerant of others sexual values and practices	1	2	3	4	5	

•

.

Please indicate how comfortable you are or would be discussing sexuality issues with the following groups:

	Very Uncomfortable		Somewhat Comfortable		Very Comfortable
Clients	1	2	3	4	5
Students/Trainees	1	2	3	4	5
Supervisors	1	2	3	4	5
Colleagues	1	2	3	4	5

Using the following scale, indicate your kn	No Knowledge		Some Knowledge		Very Knowledge
Sexually Transmitted diseases	1	2	3	4	5
Sexual dysfunction	1	2	3	4	5
Reproduction & contraception	1	2	3	4	5
Sexual orientation	1	2	3	4	5
Sexual relationship enhancement	1	2	3	4	5
Sexual abuse	1	2	3	4	5
Sexual development Across the lifespan	1	2	3	4	5
Effects of prescription and illegal drugs on sexual functioning	1	2	3	4	5

.

.

Using the following scale, indicate your knowledge base about the following:

.

scale.	Strongly Disagree				Strongly Agree
My training at the graduate level in human sexuality was adequate	1	2	3	4	5
I feel comfortable working with clients' sexual issues or concerns	1	2	3	4	5
I believe that I am knowledge about human sexuality	1	2	3	4	5
I prefer not to work with clients who present with sexual issues	1	2	3	4	5
My clinical supervisors addressed sexuality issues when necessary	1	2	3	4	5
In my family of origin, sex was discussed openly	1	2	3	4	5
Considering all my experiences with sexuality, I find myself hesitant to approach this topic with clients	1	2	3	4	5

Please indicate your reaction to each of the following statements, using following scale:

.

۰.

•

I assess for and initiate therapeutic conversa	tions on:				
Sexually transmitted infections	Never 1	2	Sometimes 3	4	Very Often 5
Sexually transmitted infections	1	2	5	т	5
Sexual dysfunction	1	2	3	4	5
Client satisfaction with their sexual life	1	2	3	4	5
Client's typical sexual interaction pattern	1	2	3	4	5
Reproduction and/or contraception	1	2	3	4	5
Sexual Orientation	1	2	3	4	5
Sexual relationship enhancement	1	2	3	4	5
Sex abuse	1	2	3	4	5
I only assess and initiate on sexuality related issues when the client states that it is a concern	1	2	3	4	5
			-		

.

٠

.

÷

APPENDIX B

INFORMED CONSENT

65

-

.

1

INFORMED CONSENT

The study in which you are about to participate is designed to investigate social workers' knowledge of and attitudes regarding sexuality and comfort in discussing sexuality. This study also examines the perception of the effectiveness of human sexuality training and education in graduate programs. Larann R. Henderson is conducting this study under the supervision of Dr. Rosemary McCaslin, School of Social Work, California State University San Bernardino. This study has been approved by the Social Work Human Subjects Sub-Committee of the Institutional Review Board at California State University, San Bernardino.

PURPOSE: The purpose of this study is to assess the amount of knowledge social workers have in human sexuality and attitudes among social workers regarding sexuality, explore comfort levels of social workers in addressing sexuality with clients and address the lack of human sexuality courses offered in social work curriculum.

DESCRIPTION: You are being asked to participate in an online survey or in a face-to-face interview. You will be asked a few questions about your background, your knowledge about sexuality, your comfort in discussing sexuality with clients, and your perception of your graduate level education and training in human sexuality.

PARTICIPATION: Participation is completely voluntary, refusal to participate will involve no penalty and you may discontinue participation as any time without penalty.

CONFIDENTIALITY: The information you will give during the interview will be recorded. Anonymity will be secured through assignment of code numbers to your interview tape or survey.

DURATION: The interview will take approximately 20-30 minutes.

RISKS: There are no foreseeable risks to your participation in the research.

BENEFITS: There are no personal benefits to your participating in this research study.

CONTACT: If you have any questions about this project, please contact my research supervisor, Dr. Rosemary McCaslin, Professor, School of Social Work, California State University, San Bernardino, 5500 University Parkway, San Bernardino, CA 92407, rmccasli@csusb.edu, 909-537-5507.

RESULTS: The results of this study will be available at the Pfau Library, California State University, San Bernardino, CA 92407 after September 10, 2010.

Mark X to sign this form

Date_____

I understand the interview will be audiotaped

Yes____ No____

APPENDIX C

.

 Γ

DEBRIEFING STATEMENT

"Social Workers' Knowledge, Attitudes, and Comfort regarding Human Sexuality" Debriefing Statement

The study you have just completed was about the amount of human sexuality knowledge, attitudes regarding sexuality and comfort in discussing sexuality among social workers. The researchers were particularly interested in the perception of the effectiveness of human sexuality training and education in formalized graduate programs as it affects the social workers' knowledge and comfort in dealing with clients. It is hoped that findings from this study will help social workers consider the amount of human sexuality knowledge they currently have and seek more knowledge. Information obtained from this study will be used to encourage social work programs to include formalized human sexuality courses in their curriculum.

Thank you for participating in this study and for not discussing the contents of the questionnaire or interview with other people. If you feel uncomfortable or distressed as a result of participating in this study or if you have any questions about this study, please feel free to contact Dr. Rosemary McCaslin at 909-537-5507. If you would like to obtain a copy of the findings of the study, please contact the Pfau Library at California State University, San Bernardino after September 1, 2010.

68

 Γ

APPENDIX D

,

•

SEXUAL KNOWLEDGE AND ATTITUDE TEST

r

SEXUAL KNOWLEDGE AND ATTITUDE TEST (SKAT)

Please indicate your reactions to the following statements using the following scale:

	Strongly Disagree				Strongly Agree
I respond openly and confidently when my sexual values are challenged	1	2	3 .	4	5
I communicate effectively about sexuality	1	2	3	4	5
I use sexual vocabulary which is appropriate to the situation	1	2	3	4	5
I am sensitive to and respectful of others' feelings and anxieties towards sexual matters	1	2	3	4	5
I encourage clients to explore their own sexual issues	1	2	3	4	5
I encourage clients to explore their own sexual values	1	2	3	4	5
I am not concerned about how I influence clients' sexuality	1	2	3	4	5
I am confident in my knowledge about sexuality	1	2	3	4	5
I appear poised in session when addressing sexual matters	1	2	3	4	5
I find myself lacking in respect for and feeling intolerant of others sexual values and practices	1	2	3	4	5

APPENDIX E

COMFORT SCALE

•

COMFORT SCALE

Please indicate how comfortable you are or would be discussing sexuality issues with the following groups:

		Somewhat Comfortable		Very Comfortable	
Clients	1 2	2 3	4	5	
Students/Trainees	1 2	2 3	4	5	
Supervisors	1 2	2 3	4	5	
Colleagues	1 2	2 3	4	5	

•

.

•

REFERENCES

- Abramowitz, N. (1971). Human sexuality in the social work curriculum. The Family Coordinator, 20(4), 349-354.
- Bayliss, K. (2000). Social work values, anti-discriminatory practice and working with older lesbian service users. Social Work Education, 19(1), 45-53.
- Berkman, C., & Zinberg, G. (1997). Homophobia and heterosexism in social workers. Social Work, 42(4), 319-332.
- Brickell, C. (2009) Sexuality and the dimensions of power. Sexuality and Culture, 13, 57-74.
- Brownlee, K., Sprakes, A., Saini, M., O'Hare, R., Kortes-Miller, K., & Graham, J. (2005). Heterosexism among social work students. Social Work Education, 24(5), 485-494.
- Council of Social Work Education [Data file], retrieved from www.cswe.org
- Dunk, P. (2007). Everyday sexuality and social work: Locating sexuality in professional practice and education. Social Work and Society, 5(2), 1613-1953.
- Fish, J. (2008). Far from Mundane: Theorizing heterosexism for social work education. Social Work Education, 27(2), 182-193.
- Foreman, M., & Quinlan, M. (2008). Increasing social work student's awareness of heterosexism and homophobia – a partnership between gay health project and a school of social work. Social Work Education, 27(2), 152-158.
- Ginsberg, T., Pomerantz, S., & Kramer-Feeley, V. (2005). Sexuality in older adults: Behaviours and preferences. Age and Aging, 34, 475-480.

73

- Harris, S., & Hayes, K. (2008). Family therapist comfort with and willingness to discuss client sexuality. Journal of Marital and Family Therapy, 34(2), 239-250.
- Hogden, M., & Byrne, D. (1998). Using social learning theory to explain individual differences in human sexuality. The Journal of Sex Research, 35(1), 58-71.
- Jeyasingham, D. (2008). Knowledge/Ignorance and the construction of sexuality in social work education. Social Work Education, 27(2), 138-151.
- Jurich, J., & Myers-Bowman, K. (1998). Systems theory and its application to research on human sexuality. The Journal of Sex Research, 35(1), 72-87.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). Sexual behavior in the human male. Philadelphia: Saunders.
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1953). Sexual behavior in the human female. Philidelphia: Saunders.
- Molina, L. (1999). Human sexuality. California State University, Northridge. http://www.csun.edu/ ~vcpsy00h/students/sexual.htm
- Nappi, R., & Lachowsky, M. (2009). Menopause and sexuality: Prevalence of symptoms and impact on quality of life. *Matuitas*, 63, 138-141.
- Newman, B., Dunnenfelser, P., & Benishek, L. (2002). Assessing beginning social work and counseling students' acceptance of lesbians and gay men. Journal of Social Work Education, 38(2), 273-288.
- Parritt, S., & O'Callaghan, J. (2000). Splitting the difference: An exploratory study of therapists' work with sexuality, relationships and disability. Sexual and Relationship Therapy, 15(2), 151-169.

- Rathus, A. R., Nevid, J. S., & Fichner-Rathus, L. (1993). Human sexuality: In a world of diversity. Boston: Allyn and Bacon.
- Smith, L., Foley, P., & Chaney, M. (2008). Addressing classism, ableism, and heterosexism in counselor education. Journal of Counseling and Development, 86, 303-309.
- Sprecher, S. (1998) Social exchange theories and sexuality. The Journal of Sex Research, 35(1), 32-43.
- Stromberg, M., & Olson, S. J. (2004). Sexuality: A
 critical component of quality of life in chronic
 disease. Nursing Clinics of North America, 42(4),
 507-514.
- Trotter, J., & Leech, N. (2003). Linking research, theory
 and practice in personal and professional
 development: Gender and sexuality issues in social
 work education. Social Work Education, 33, 203-214.
- Umidi, S., Pini, M., Ferretti, M., Vergani, C., & Annoni, G. (2007). Affectivity and sexuality in the elderly: Often neglected aspects. Gerontology Geriatrics, 1, 413-417.
- Valentich, M., & Gripton, J. (1975). Teaching human sexuality to social work students. Family Coordinator, 24(3), 273-280.
- Walter, L., Nosek, M., & Langdon, K. (2001). Understanding of sexuality and reproductive health among women with and without physical disabilities. Sexuality and Disability, 19(3).
- World Health Organization. (1975). Education and treatment in human sexuality: The training of health professionals (WHO Technical Report Series No. 572). Geneva: Author.