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ASSESSING THE PREPARDNESS AND COMFORTABILITY LEVELS OF GRADUATE SOCIAL WORK STUDENTS DISCUSSING SEX AND SEXUALITY

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GRADUATE SOCIAL WORK STUDENTS DISCUSSING SEX AND SEXUALITY

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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

Sarah Anne Champion Macedo

May 2022

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ABSTRACT

This study utilized surveys to assess the preparedness and comfortability levels of graduate social work students discussing sex and sexuality with future clients using a quantitative exploratory research design. The purpose of the research was to assess graduate social work students' preparedness and comfortability levels discussing sex and sexuality and to determine possible recommendations for graduate social work education and potential policy changes concerning sex education for graduate social work students. The data was collected from sixty-two participants, from a Southern California University, who were sent a survey via their student emails. The data was analyzed using SPSS. The study showed a significant relationship between familiarity with comprehensive sex education, sex positivity, and present feelings of comfort discussing sex and sexuality with future clients. The study identified a significant relationship between non-heterosexual participants and their future working environment. This study includes recommendations for future research and an expanded social work curriculum.

ACKNOWLEDGEMENTS

Thank you to every person and life experience that has taught me a lesson along the way, I am thankful that life and God brought you into my world. My deepest gratitude goes to my husband for always making dinner and showing up for me when I needed it the most. To my son's Ezra and Zephyr, my hope is that you live life on your own terms but always keep an open heart and listen with intent. Lest I not forget, I must acknowledge my parents for babysitting Zephyr during my fieldwork days, I am forever grateful

DEDICATION

In the words of Snoop Dogg, "I want to thank me for believing in me, I want to thank me for doing all this hard work". This research paper is dedicated to my twenty-five-year-old self that never thought she would graduate from college let alone obtain her master's in social work. If only I could give that woman a hug and let her know that while life is still challenging, it is also bursting with joy, and she made it to the other side

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CHAPTER ONE

PROBLEM FORMULATION

Sex and sexuality are core aspects of life that persist throughout each

stage of development; furthermore, knowledge of these aspects is associated

with a person's overall mental and physical health (UNPF, 2016; Kantor and

Lindberg, 2019). As future practitioners, graduate social work students not only

need accurate information on sex and sexuality, they need to feel prepared and

comfortable discussing them to adequately address such matters with clients (

Dodd, 2017; Kantor and Lindberg, 2019; McCave, Shepard & Winter, 2016).

Inconsistencies in sex education at a graduate level make it unclear how

prepared and comfortable social work students will be discussing these topics

with future clients. By extension, the level of care that will be delivered may vary

(Glass, 2016; McCave et al., 2016).

Considering sex and sexuality are core aspects of a person's life and

conveyed in different ways, students need to be prepared and at ease broaching

these topics with clients. However, a deficiency exists in graduate social work

education relating to the sex and sexuality curriculum (Dodd and Katz, 2020;

Glass, 2016; Wineburg, 2015). The outcome of this deficiency means when

future clients present with concerns or questions related to sex and sexuality that

fall outside of the student's comfort zone, they may risk reinforcing social bias

and further isolating those clients (Wineburg, 2015). Research suggests that

while most social workers do not openly discriminate, most still adhere to ideas of

normal versus abnormal sexuality and sexual behavior (Wineburg, 2016). An absence of comfort in discussing these issues may limit the effectiveness when addressing sex and sexuality with future clients.

It is important to note that sex education in the United States is mandated on a state level, meaning school districts and states decide what the curriculum will look like for K-12 students (Hall, Sales, Komro, & Santelli, 2016; Leung et al., 2019). As of 2019, only 24 states and the District of Colombia have educational requirements around sex education, and of those 24, only 10 have mandates that the information is medically accurate (Guttmacher, 2019; Hall et al., 2016). Only nine states mandate discussions on consent, under which topics such as healthy relationships and coercion are discussed, and only 20 states require information on contraceptives (Guttmacher, 2019; Hall et al., 2019). Given that regulations are not uniform, many students will enter college without medically accurate information and lack the skills needed to serve future clients. Social work students must understand and be at ease with these concepts to practice effectively as future practitioners.

While sex and sexuality content is taught at the graduate social work level, the information is typically encased in the Human Behavior in Social Environment (HBSE) courses; therefore, information is often limited (Dodd and Katz, 2020; McCave et al., 2016). When sex and sexuality content is included in an HBSE course, it tends to concentrate on risked-based behaviors rather than sexual well-being, sexual agency, and sexual health (Dodd and Katz, 2020).

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Additionally, there is little to no discussion about the various intersections of sex and sexuality and their relationship to marginalized communities. Likewise, while students learn about the strength-based social work practice model, sex and sexuality are not covered as clients' strengths (Dodd and Katz, 2020). Therefore, if students do not engage in meaningful discussions around the many intersections of sex and sexuality related to future clients, they will not be prepared or comfortable discussing these issues. Once students have entered a social work graduate program, they are unlikely to come across CSE coursework. Given that the top twenty-five social work programs do not require a class on human sexuality, most students and current practitioners will not have the needed foundation in basic sexual concepts (Dodd, 2020: Wineburg, 2015).

To be prepared and comfortable discussing sex and sexuality in their future professions, social work students must be knowledgeable in CSE. It will allow them to foster self-determination within their clients, a critical ethical responsibility of all social workers (NASW, 2017). This may prove challenging since sex education varies by the school district, and CSE is not mandated within social work programs. If social work students' preparedness and comfort levels can be assessed, a determination can be made of what gaps need to be filled in their graduate-level course work. Once a determination can be made, policy changes can be enacted through organizations such as the Council on Social Work Education and at the graduate school level.

Purpose of Study

The purpose of this study is to assess the preparedness and comfortability levels of graduate social work students discussing sex and sexuality with future clients. In assessing both the preparedness and comfortability levels, possible recommendations can be made regarding curricula in graduate social work programs pertaining to sex and sexuality. While graduate social work, students receive education related to sex and sexuality; most of the material is incorporated in the Human Behavior and the Social Environment courses. Even though sexuality is a vital component in peoples' lives, insufficient information remains in the courses offered (Dodd & Tolman, 2017; Dodd & Katz, 2020; McCave et al., 2014; Wineburg, 2015). As of 2015, the Educational and Practice Standards (EPAS) as designated by the Council on Social Work Education (CSWE) does not make sex education a requirement for graduate or bachelor level social work programs (CSWE, 2015; Winter, O'Neill, Begun, Kattari, & McKay, 2016; Wineburg, 2015).

Between 1982-1993 Taylor and Francis published the Journal of Social Work and Human Sexuality; however, currently, there are no academic journals dedicated to human sexuality and its cross-section with the field of social work (McCave et al., 2014; Wineburg, 2015; Winter et al., 2016). Without the scholarship in social work dedicated to human sexuality, the curriculum is affected, and by extension, so will the students and future clients they will serve. More scholarship in this area would allow the opportunity to examine how sex

and sexuality intersect with gender, class, and race and the unique experiences resulting from those intersections (McCave et al., 2014). A further examination of these intersections' students will be adequately prepared to deliver culturally competent care to future clients. The continued scholarship will also contribute to viewing a client's experiences with sex and sexuality from a strengths-based perspective as opposed to a risk-based (Dodd, 2020; McCave et al., 2014; Winter et al., 2016)

<center>Significance of the Project for Social Work Practice</center>

On a micro-level evaluating graduate social work, students' preparedness and comfortability levels discussing sex and sexuality with future clients will ideally lead them to engage with their feelings around sex and sexuality. Before working with clients, students need an intimate understanding of their own sexuality, sexual well-being, and values around these topics (Lee, Fenge, & Collins, 2017). Continued research will contribute to students' awareness of their cultural values and personal biases and how both may impede the services they provide. This is an essential aspect of social services, given cultural competency is an ethical standard (NASW, 2017). For future clients, having access to a mental health worker who is comfortable and prepared to discuss such issues helps build rapport and trust (Lee et al., 2017).

On a macro level, social workers are called to "promote social justice and social change with and on behalf of clients" (NASW Code of Ethics, 2017). Upholding these tenets means "actively challenging injustice and inequality" as it

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relates to service access, representation, and supporting the experiences, lifestyles, and choices individuals make around sex and sexuality (pg.322, Lee et al., 2018) If students are prepared and comfortable discussing such topics, they will be more willing to advocate for inclusivity which lends itself to a client's sexual well-being and development (Lee et al., 2017)

By assessing graduate social work students' preparedness and comfortability discussing sex and sexuality with future clients, possible recommendations can be made regarding the HBSE curriculum on a graduate level. As sexuality content is minimal in most HBSE course material, possible incorporation into the curriculum would encourage professors to engage students in much-needed dialogue (Dodd & Katz, 2020; Dodd & Tolman, 2017; Lee et al., 2017; Winter et al., 2016). Potentially changes can also be made regarding the Educational and Policy Standards (EPAS) set forth by the Council on Social Work Education (CSWE). Currently, there aren't standards that directly call for concentrated lessons on sex and sexuality (Dodd & Katz, 2020).

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will explore relevant research on the importance of sex and sexuality to a person's overall well-being and the necessity for graduate social students to be prepared and comfortable discussing these topics with future clients. The following subsections will examine the importance of sex and sexuality-focused content in the social work graduate curriculum and the need for a sex-positive approach when interacting with a diverse population. This section's subsections include an Overview of Comprehensive Sex Education (CSE), Values, Ethics & Competencies, Human Behavior in the Social Environment (HBSE), and Sex-Positive Social Work. The final section will focus on intersectionality theories and the strengths model and explore their relationship and importance to graduate students' preparedness and comfortability in discussing these topics.

Overview of Comprehensive Sex Education

Social work students need accurate information on sex and sexuality. Furthermore, recognizing how sex and sexuality develop throughout a person's life is vital to future clients' interactions. Therefore, addressing more than just risk-based topics such as teenage pregnancy, sexually transmitted infections (STIs), and abstinence is vital to their learning experience. Comprehensive sex education (CSE) is a teaching curriculum that provides the skills, understanding,

and values to make healthy decisions concerning one's body and sexual life (Guttmacher, 2018; Kantor and Lindberg, 2020). The goal is to deliver scientifically accurate, age-appropriate information, unbiased, focusing on healthy relationships with oneself and others (Guttmacher, 2018; Leung, Shenk, Leung, Shenk, 2019).

Conversely, abstinence, or a risk-based framework, focuses on the reproductive aspects of sex to avoid teen pregnancy, STIs, and intimate partner violence (UNPF, 2016; Leung et al., 2019). Instruction and focus on the risks associated with sex and sexuality do not cover all the aspects of human sexuality and an individual's sexual well-being. The most effective route is the one CSE aims to build, a foundation that encourages people to stay curious about their bodies and empowers them to make healthy choices and embrace their sexuality (Kantor and Lindberg, 2020; Leung et al., 2019; UNPF, 2016).

Evidence supports that participants in CSE programs are more equipped with sexual health knowledge. Research from the United Nations Population Fund (2016) found that two out of three CSE courses evaluated displayed reductions in risky sexual behaviors. Of the programs assessed, 60% showed uptake in condom usage and a decline in teen pregnancy (UNPF, 2016). Similar results from Nigeria showed that 60% of the students reported using contraceptives after a CSE course, compared to 45% who did not take the course (Akanle and Odu, 2010). In Vermont, a CSE program was developed for grades K-2 for 396 children. The program promoted consent and reinforced the

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necessity for healthy relationships with notable developments in their understanding of consent culture and genitals (PCAR, 2019). These figures display CSE programs' efficiency, even for young children, and how vital they are for healthy sexual development throughout a person's lifetime.

CSE views sexuality as a part of a person's overall development throughout their lifetime and is concerned with more than just pregnancy and risk-avoidance (Guttmacher, 2018; Kantor and Lindberg, 2018; Leung et al., 2019). The International Planned Parenthood Federation (IPPF,2010) developed seven critical components of CSE: gender, sexual/reproductive health, sexual rights, and sexual citizenship, pleasure, violence, diversity, and relationships. An education based on comprehensive knowledge provides students with the skills, attitudes, and values needed to form as sexual beings fully and support their decision-making power (Guttmacher, 2018; IPPF, 2010). Highlighting and incorporating these aspects into the graduate social work curriculum will allow for discussions and exploration of love, masturbation, sexual response, communication, and sexual diversity.

To illustrate, in a longitudinal study with 1,600 fourth graders from Mexico, students who attended a series of workshops on communication demonstrated improved communication skills in challenging subject areas (Goldfarb & Lieberman, 2020). Those who attended displayed improved abilities to discuss subjects such as sexuality, romance and demonstrated more self-efficacy (Goldfarb & Lieberman, 2020). Indeed, graduate social work students would

benefit from the same information. Whether the relationship is a friendship, familial, romantic, or platonic, each will shift over time. The process of engaging in discussions around the differences between healthy and unhealthy relationships aids in forming a solid foundation for a person's sexual health and social-emotional learning and helps them build better communication skills (Goldfarb & Lieberman, 2020).

<u>Values, Ethics, and Competencies</u>

The National Association of Social Workers (NASW) Code of Ethics contains six values meant to highlight and guide social workers' work with clients. Social work students will undoubtedly encounter situations and individuals who challenge their ethical beliefs, such as abortion, contraception, sex work, and working with transgender clients (Dodd, 2020). If there is an absence of preparedness and comfortableness discussing sex and sexuality issues, this may impede competent practice with future clients (Dodd,2020; McCave et al., 2014). Regardless of personal beliefs, social workers must establish a culturally competent practice as an ethical standard that extends to all clients (Dodd, 2020; McCave et al., 2014; NASW, 2008). Social work students are taught the principle of respecting human dignity and being mindful of various cultural, ethnic, and induvial differences in their practice with future clients (NASW, 2008; Williams, Christensen & Capous-Desyllas, 2017). Therefore this ethical principle extends to students' interactions with future clients wherein they honor the range of

sexual behaviors, expressions, experiences, and values clients have around sex (Dodd & Katz, 2017; Williams et al., 2017).

The NASW Code of Ethics calls upon social workers to challenge social injustices and work in conjunction with their clients to identify their strengths. A similar frame of reference can be used with a sex-positive framework when challenging social injustice. Sex positivity provides social workers an opportunity to address oppressive systems and beliefs that seek to demean people based on their sexual interests, identification, or history (Williams et al., 2017; Williams et al., 2014). Social work students are called to look at sexuality from a cultural context while questioning the narratives that have been created around marginalized communities (Williams et al., 2017; Dunk-West, 2012).

The preamble of the NASW Code of Ethics upholds that social workers are meant to reinforce the well-being of individuals and society (McCave et al., 2014; NASW, 2008). Additionally, The World Association of Sexual Health (WASH) affirms that the development of sexuality is crucial for an individual's relationship with themselves, those who are to them, and the communities they live in (McCave et al., 2014; WASH, 2013). NASW also calls on social workers to understand the influences that environmental factors such as family, policies, and socio-economic standing have on an individual's sexual well-being (Dodd, 2020; Dodd & Tolman, 2017; McCave et al., 2014; NASW, 2008). Thus, social work students should not only be prepared and comfortable addressing issues around sex and sexuality; they should continuously develop knowledge in these areas.

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The Council on Social Work Education (CSWE) is the accrediting agency for social work education in the United States. To create a standard knowledge base for social work programs, nine core competencies, as part of their Educational Policy and Accreditation Standards (EPAS), are used to assess students' learning outcomes (CSWE,2015). While educational standards are the same for all social work programs, there is some level of interpretation and independence in how competencies are applied to each school's curriculum (CSWE, 2015; Dodd & Katz, 2020).

There are no curriculum guidelines set forth by the CSWE (2015) related to sexuality education. The information presented on these topics is left up to each school and the professors (McKay, 2015). Of the 9 EPAS, none centers on sexuality as a core competency, and only 2 mention the topics of sex and sexuality. Competency 2, Engage Diversity and Difference in Practice, mentions the intersectionality of experience and the importance of the experiences in forming one's identity (CSWE, 2015). Competency 3, Advance Human Rights and Social, Economic, and Environmental Justice, indicates that sex and sexual orientation should be a part of the diverse educational experiences cultivate for students (CSWE, 2015). There is no acknowledgment of the importance of sex and sexuality as a part of the overall development throughout a person's life and the necessity for social work students to be prepared and comfortable confronting these issues with clients (McKay, 2015; Turner, 2017).

Human Behavior in the Social Environment

Most if not all sex and sexuality education for social work students comes from the Human Behavior and the Social Environment (HBSE) courses students must complete (Dodd, 2020; Dodd & Katz, 2017). Information on sex and sexuality in the HBSE curricula is limited in its scope, despite sex and sexuality's importance over a person's lifespan (Dodd & Tolman, 2017; McCave, Shepard & Winter, 2014, Turner, 2017). Given that students will come across various issues related to sex and sexuality in their future careers, they must be prepared and ready to discuss these topics. Subjects such as sexual/gender identity, sexuality related to the disabled community, sex later in life, and romantic relationships are some of the vital topics students should be prepared and comfortable discussing (Dodd & Katz, 2017; Dodd &Tolman, 2017; Bay-Cheng, 2013, Turner, 2017).

The content most often incorporated into HBSE courses covers three areas; 1) human life course development, 2) theoretical paradigms and the models that address a person in the environment, and 3) various social issues that emerge in a persons environment (Dodd & Katz, 2017; Turner, 2017). Lacking in the HBSE discourse is the incorporation of sex and sexuality into the biopsychosocial assessment. Supplementary questions that address topics such as hormonal changes, awareness of sexual safety, body autonomy, inquiries about the quality of current sexual relationships, and sexual behaviors in children would provide social workers with a more detailed assessment and successful treatment planning (Dodd & Katz, 2017, Dodd, 2020; Dunk, 2007).

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In a survey of 596 social work professors who taught HBSE courses, 56 % of the respondents reported that including sexual health as a part of an initial assessment was imperative to social work education. Yet, only 15.3 % stated they taught this skill in the classroom (McKay, 2015). By broadening the biopsychosocial assessment scope by adding a sexual component and teaching the importance, students will be more prepared, and future clients will feel comfortable disclosing information (Dodd & Katz, 2017). The addition of sexual well-being questions to an assessment would provide additional aspects of a person's experience, expanding the client's assessment (Dodd & Katz, 2017; Dodd & Tolman, 2017; Turner, 2017).

HBSE course material has the opportunity to include sexual development in conversations around each developmental stage as well. For example, discussing genital exploration in infants, messages around adolescent masturbation, and sexual relationships in late adulthood (Dodd & Katz, 2017). Education around these topics and how environmental and cultural taboos can affect the levels of comfort and preparedness of social work students would be beneficial (Dodd & Katz, 2017). Typically when sexuality content is present in HBSE course material is centered on risked-based behaviors as opposed to sexual attraction, sexual well-being, and a person's sexual agency, and intersections of those topics with race, gender, age, and sexual orientation related to those experiences are left out (Wineburg, 2015; Dodd & Katz, 2017).

<u>Sex Positive Social Work</u>

Sex-positivity, in broad terms, means individuals should be allowed to explore, express, and be curious about their sexuality and gender without being chastised or humiliated. Furthermore, a sex-positive approach to social work emphasizes the pleasurable aspects of sex instead of pathologizing certain groups and focusing on risky sexual behaviors (Alexander, 2019; Dodd, 2020). This approach reduces stigma around sexual choices, views sex as normal, promotes diversity, and turns away from value judgments (Dodd, 2020; Burnes, Singh, & Witherspoon, 2017; Lane, n.d). Operating from this framework will prepare social work students to acknowledge the variety of sexual expressions and experiences that clients will have throughout their lives and supports those decisions (Alexander, 2019; Dodd, 2020; Williams, Prior & Wegner, 2013). By normalizing sexual expression, sexual identities, and sexual activities in their interactions with future clients, students can build rapport and affirm their client's realities as valid.

For example, clients who engage in BDSM (Bondage, Discipline, Submission, and Sadomasochism) worry that their sexual interests will mean facing discrimination from mental health professionals given the cultural taboos that come with these practices (Burnes et al., 2017; Williams, 2015)). These worries seem warranted considering the mental health field has a history of pathologizing alternative sexual practices despite research showing little connection between mental illness and alternative sex practices(Williams, 2015;

Williams, Thomas, Prior, Amezquita, & Hall, 2013). Research from Australia

(N=19,307) supports these claims finding no significant connection between

adverse mental health conditions and a person's involvement with BDSM

(Williams et al., 2013). The researchers noted a relationship between BDSM

participation and reduced psychological strain for men (Williams et al., 2013).

Burnes (et al., 2017) argue that a sex-positive approach "allows one to escape

the false dichotomy of normality versus pathology" (pg.9) and begin to approach

a client's sexual experiences with curiosity.

Conventionally the topics of sex and sexuality as they pertain to

adolescents have been viewed from a risk-based perspective (Dodd, 2020; Lane,

n.d.). Additionally, education around these experiences highlights teen

pregnancy, abstinence until marriage to someone of the opposite gender, and

the physical and psychological damage of sex (Dodd, 2020; Lane, n.d.) A sex-

positive approach affirms and recognizes that a healthy exploration of one's

sexuality and sex are natural components of human development. For instance,

the notion that consensual sex can be healthy, acknowledging that abstinence is

not the only choice and embracing all sexual identities and behaviors and gender

identities are rooted in sex-positivity (Lane, n.d).

Suppose social work students are not prepared or comfortable to discuss

various issues or practices related to sex and sexuality with their future clients. In

that case, they run the risk of contributing to the shame that clients may

experience. Outdated notions of normal or moral sexual expression instead of

operating from a sex-positive framework do not support client empowerment but instead center social workers' ideas and beliefs as morally superior. Utilizing this approach encourages social work students to help future clients make their own decisions around sex and aims to break the stigma and shame around consensual sexual activity (Burnes et al., 2017; Dodd and Katz, 2020; Williams et al., 2016). Suppose social work students approach future clients with openness and a willingness to learn instead of making assumptions based on outdated medical models or personal beliefs. In that case, this will help the client feel more comfortable and places them in the "knower" position (Williams et al., 2016).

Theories Guiding Conceptualization

The theoretical perspectives used to conceptualize this study are intersectional theory and the strengths-based approach. The theories are used to understand the importance of preparedness and comfortability levels to a social worker concerning discussing these topics with future clients.

Women of color conceived the term intersectionality to highlight the unique intersections created by race, class, and gender (Alexander, 2019; Bubar, Cespedes, Bundy-Fazioli,2016). This theory will be used to illustrate the benefits of an intersectional perspective when approaching sex and sexuality that considers race, class, gender identity, sexual orientation, and ability status. To be prepared and comfortable discussing various topics with clients, students must acknowledge the "cultural diversity with sexual practices and within sexual identity groups and other marginalized identities," as Alexander mentioned (pg.

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49, 2019). The intersectional theory proposes that centering dialogue around one group's experience does not speak for the variety of intersections that can occur. This is particularly prudent in marginalized communities and how those intersections affect clients' experiences with sex and sexuality (Burbar et al., 2016).

The strengths-based approach is a part of the social work practice theory and is more effective than the medical model when interacting with clients (Turner, 2017; Williams et al., 2016; Williams et al., 2015). Sex and sexuality, viewed from the strengths-based model, can foster an environment where future clients' choices are respected even if those choices do not align with the social worker's values and beliefs (Turner, 2017). This framework promotes client empowerment wherein social workers recognize that clients have control over creating and promoting their own sexual experiences and interests. Social workers nurture the intrinsic wisdom clients bring to the collaboration (Turner, 2017; Williams et al., 2015; Williams et al., 2016). A strengths-based approach to sex and sexuality acknowledges the diversity of experiences and normalizes those experiences, thereby alleviating the shame many clients may feel around these topics and identifying their sexuality as a source of strength (Burnes et al., 2017).

CHAPTER THREE

METHODS

Introduction

The purpose of this study is to assess the preparedness and comfortability levels of graduate social work students at a Southern California University discussing sex and sexuality with future clients. By assessing graduate social work students' preparedness and comfortability levels around discussing sex and sexuality, recommendations will be made concerning sex education for graduate-level courses for future social workers and continuing education standards around these topics. Based on the data set, a determination or recommendation will be made concerning adopting a sex-positive approach when interacting with a diverse client base to support healthy sexual development. Forming graduate sex education courses from a sex-positive lens would also be a possible recommendation from the data set.

Study Design

The results of this survey are quantitative, utilizing a cross-sectional design. It is cross-sectional, given the data was only collected at one point in time. The research is exploratory since some research exists on the topic but not enough to be considered explanatory. There are literature reviews that speak to the importance of social work students' understanding of sex and sexuality. Still, most frame the significance of the conversations and topics from a risk-based perspective instead of sex and sexuality as a normal function of human

development and well-being. This proposed study of assessing preparedness and levels of comfortability of graduate social work students discussing sex and sexuality with future clients will add to the growing exploration of this topic.

<u>Sampling</u>

This study used a non-probability sampling technique because it is the most affordable and provides easy access to research participants. The contact information used was graduate social work student emails which were obtained from a Southern California's social work program, along with the approval of the research proposal from the Independent Review Board (IRB). Anonymous self-administered surveys were sent to students' emails, along with an informed consent document for students to review and sign

<u>Data Collection and Instruments</u>

This study used the survey instrument known as the Student's Attitudes Towards Addressing Sexual Health (SA-SH). The SA-SH was initially developed to assess health care students' attitudes towards addressing sexual health in their future professions (Areskoug-Josefsson, Juuso, Gard, Rolander, & Larson, 2016). The adaption of the SA-SH scale that was used for this research project was adapted by two social work researchers. The researchers received permission to adapt the scale from the original developers for the purpose of their study. The two changes made were, switching the word 'patient' to 'client' and the introduction of the questionnaire, which included making connections between

the importance of sexual health and the field of social work (Areskoug-Josefsson, Sjokvist, Bulow, & Rolander, 2018).

A combination of ordinal (the year in the program), nominal (gender, race, and sexual orientation), and interval/ratio (age) demographic questions were used when collecting demographics for this research project. These questions included age, race, gender, sexual orientation, and year in the program. The independent variables in this research study were gender, age, sexuality, race, and year in the program and three questions that covered the student's background with sex education, familiarity with CSE, and sex positivity. The dependent variables were the levels of comfort and preparedness regarding discussing sex and sexuality with future clients.

The SA-SH is comprised of 22 questions that were answered on a 5 point Likert scale. The questions are divided into four sections. The first section covered respondents' comfortableness discussing sexual health with future clients. The second section covers the future working environment; the third is fear of negative influence and the fourth being knowledge base around sex and sexuality.

Procedures

The director of the social work program was contacted through email about the purpose of this research and the need for research participants. Contact information was included in the email so the director could communicate with the researcher about authorization to move forward with the surveys for

research purposes. Once approval has been granted by the director and the Independent Review Board, the researcher entered the required information and questions into the Qualtrics system. To administer the surveys to graduate social work research participants, The Qualtrics system was utilized. The estimated time for the survey was between 15- 20 minutes. It contained 22 questions from the Students Attitudes Towards Addressing Sexual Health (SA-SH), five demographic questions, and three questions regarding the participant's history with sex education. Once the questions were entered into the system, a mass email was sent out to graduate social work students (full-time, part-time, and pathways distance education). The researcher introduced themselves, provided a short description of the study and the reasoning for needing participants in this study, and included a link to the Qualtrics survey. Once all the data was collected, it was transferred onto an Excel spreadsheet and then input into SPSS version 27 for data analysis. All survey information was stored on a password-protected computer and erased after the study was completed.

Protection of Human Subjects

The anonymity and confidentiality of the research participants in this survey were kept private. Research participants were told that items such as email addresses and names will be safeguarded on a password-protected computer and will not be shared with anyone. Participants were instructed to sign with an X on an informed consent document before answering the survey questions to protect their privacy. Once participants were done with their surveys,

the data was saved and transferred into the Qualtrics system. The Qualtrics

system protected participant data through a high-end firewall and utilized

Transport Layer Security to encrypt research participant data. All information

that was gathered for the use of this research project was deleted once

complete.

<u>Data Analysis</u>

The researcher collected the data from participant surveys and then

analyzed the data using descriptive analysis. This quantitative study used an

adapted version of the Students' Attitudes Towards Addressing Sexual Health

Questionnaire (SA-SH). The adapted SA-SH scale replaces the word 'patient'

with the word 'client.' The variables used in this research are sexuality. Both the

independent and dependent variables were analyzed by conducting different

analyses in SPSS version 27. This allowed the researcher to see how the

independent variables affected the levels of comfort and preparedness graduate

social work students have surrounding discussions on sex and sexuality with

future clients.

An independent sample t-test was used for sexuality, heterosexual and

non-heterosexual (independent). A Kendall's tau was used to look at the

relationship between familiarity with CSE and sex positivity and levels of comfort

and preparedness. A Pearson coefficient correlation will also be used to look at

the relationship between survey answers from the three questions (independent

variable) and the survey results (dependent variable). The researcher will utilize

this level of measurement to determine if there is a significant relationship between these variables.

Summary

This research study plans to assess the preparedness and comfortability levels of graduate social work students at a Southern California University discussing sex and sexuality with future clients. The participants will be over 18 years old and graduate social work students from a Southern California University and recruited through email. The research method used in this study was the quantitative method. This research paper will aim to make recommendations to expand the curriculum of graduate social work students to prepare them to discuss sex and sexuality with future clients. The surveys provided an opportunity to understand graduate social work students' level of comfort and preparedness and possible gaps in the academic work presented.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, the researcher will put forth the data collected from the survey responses. To begin with, the researcher will discuss the demographics of the survey participants and the key variables. These include participants' demographic information on gender, sexuality, race/ethnicity, level in the program, and age. Information on participants' familiarity with the topic of sex positivity and comprehensive sex education along with a question pertaining to whether participants have taken a class on the graduate level on sex and sexuality. Subsequent data cover respondents' comfortability in discussing sex, sexuality, and sexual health with future clients. Respondents were also asked questions about their perceived level of preparedness to discuss sex, sexuality, and sexual health with future clients and whether they feel they need to be trained to do so.

Data Analysis

Demographics

The current study consisted of sixty-two participants (see Table 1). Concerning gender, there were fifty-five females (87.3 %), 6 males (9.5%), 1 non-binary/third gender (1.6%), and 1 prefer not to say (1.6 %). Regarding sexuality forty-nine identified as heterosexual (77.8%), 4 as bisexual (6.3 %),3 as

pansexual (4.8%), 2 prefer not to say (3.2 %), 1 queer (1.6%), 1 gay/lesbian (1.6 %), and 1 asexual (1.6.%) participant. Two participants chose two categories in this demographic question; one identified as heterosexual and pansexual (1.6.%) and the other as bisexual and queer (1.6 %).

To attain more insight on participants, they were asked demographic questions pertaining to racial/ethnic identity, level in the MSW program at a Southern California University, and their age. When asked about racial/ethnic identity, thirty of the participants (47.6 %) chose Hispanic/LatinX, fourteen (22.2 %) Caucasian/White, ten (15.9 %) multiracial, 6 (9.5 %) Black/African American, 3 (4.8 %) were Asian/Pacific Islander/Alaskan Native. Concerning level in the program, twelve (19 %) were first years, thirty-four (54 %) second, sixteen (25.4 %) third, and 1 (1.6 %) participant from the fourth year. The age ranges of the participants were 22 to 65 years old. Regarding the age of the participants, the mean age was 33, and the standard deviation was 8.418.

Table 1. Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
Gender (N=62)		
Female	55	87.3
Male	6	9.5
Non-Binary/Third gender	1	1.6
Prefer not to say	1	1.6
Sexuality		
Heterosexual	49	77.8
Bisexual	4	6.3
Pansexual	3	4.8
Prefer not to say	2	3.2
Queer	1	1.6
Gay/Lesbian	1	1.6
Asexual	1	1.6
Heterosexual/Pansexual	1	1.6
Bisexual/Queer	1	1.6
Race/Ethnicity		
Hispanic/Latinx	30	47.6
Caucasian/White	14	22.2
Multiracial	10	15.9
Black/African American	6	9.5
Asian/Pacific Islander/Alaskan Native	3	4.8
Level in the Program		
1st year	12	19
2nd year	34	54
3rd year	16	25.4
4th year	1	1.6

W

<u>Key Variables</u>

This survey included twenty-two questions, five of which were demographic. Each question was measured on a Likert scale except for the five demographic questions. The participants were asked two questions pertaining to familiarity with comprehensive sex education and sex positivity. Regarding familiarity with comprehensive sex education, five respondents (8.1 %) reported to be extremely familiar, 17 (27. 4 %) were very familiar, 23 (37.1 %) were moderately familiar, 12 (19.4 %) reported slightly familiar, and 5 (8.1 %) reported not familiar at all. When asked about familiarity with sex positivity, 8 (12.9 %) respondents reported to be extremely familiar, 13 (21 %) reported to be very familiar, 9 (14.5 %) who were moderately familiar, 18 (29 %) being the highest number were only slightly familiar, and 12 (19.4 %) respondents who were not familiar at all. When asked if they had taken a class geared towards sex and sexuality at the graduate level, respondents were given three choices: yes, no, and not sure. An overwhelming 50 respondents (80.6 %) reported they had not taken a class geared towards sex and sexuality, followed by seven respondents (11.3 %) reporting they had, 3 (4.8 %) respondents who were not sure if they had.

The SA-SH

The instrument the researcher used measured the respondents' present feelings of comfortableness, future working environment, and fear of negative influence on future patient relations. The Student's attitudes towards addressing

sexual health scale (SA-SH) was adapted for students in the field of social work by two social work researchers who obtained permission from the original creators of the scale (Areskoug-Josefsson et al., 2018). This scale asks questions in order to gauge the respondents' present feelings of comfortableness (9 questions), future working environment (6 questions), fear of negative influence of future patient relations (3 questions), and perceived educational needs (4 questions).

<u>Present Feelings of Comfortableness</u>

The survey inquired about the respondent's present feelings of comfortableness utilizing eight questions in which they ranked their current feelings. The five responses to the eight questions were the following; Strongly Disagree (1), Somewhat Disagree (2), Neither Agree or Disagree (3), Somewhat Agree (4), and Strongly Agree (5). Participants were asked to rate their level of comfortability concerning informing their future clients about sexual health (see Table 2). Of the participants, 17.7% strongly agreed, 41.9 % somewhat agreed, 14.5 % neither agreed or disagreed,12.9% somewhat disagreed, followed closely by 11.3 % who strongly disagreed.

When asked to rate their comfortability initiating conversations with future clients regarding sexual health, 19.4 % strongly agreed, 38.7 % somewhat agreed, 11.3 % neither agreed or disagreed, 24.2 % somewhat disagreed, and 6.5 % strongly disagreed. The participants were asked to rate their level of comfort concerning discussing sexual health with future clients, with 21 %

29

strongly agreeing, 45.2 % somewhat agreeing, 6.5 % who neither agreed or disagreed, 21 % somewhat disagreed and 6% % who strongly disagreed. When asked to rate their comfort levels discussing sexual health issues with future clients regardless of sex, 22.6 % strongly agreed, 43.5 % somewhat agreed, 6.5 % neither agreed or disagreed, 22.6 % somewhat agreed, and 4.8 % strongly agreed.

Participants were asked to rate their comfort level discussing sexual health issues with future clients regardless of their age, with 22.6 % strongly agreeing, 40.3 % somewhat agreeing, 9.7 % neither agreeing or disagreeing, 22.6 % somewhat disagreeing, and 4.8 % strongly disagreeing. Concerning the participants' comfort levels discussing sexual health with future clients regardless of their cultural backgrounds, 9.7 % strongly agreed, 45.2 % somewhat agreed, 16.1 % neither agreed or disagreed, 25.8 % somewhat disagreed, and 3.2 % strongly disagreed. Participants were asked about comfort levels discussing sexual issues with future clients regardless of sexual orientation, with 22.6 % strongly agreeing, 40.3 somewhat agreeing, 9.7 % who neither agreed or disagreed, 22.6 % somewhat disagreed and 4.8% who strongly disagreed. Regarding comfort levels discussing specific sexual activities with future clients, 11.3 % strongly agreed, 22.6 % somewhat agreed, 22.6 % neither agreed or disagreed, 35.5 % somewhat disagreed and 8. 1% strongly disagreed.

Table 2. Present Feelings of Comfortableness

Variable		Frequency (N)	Percentage (%)
1. I feel comfortable concerning informing future clients about sexual health	Strongly Disagree	7	11.3
	Somewhat Disagree	8	12.9
	Neither Agree/Disagree	9	14.5
	Somewhat Agree	26	41.9
	Strongly Agree	11	17.7
2. I feel comfortable concerning initiating a conversation regarding sexual health with future clients	Strongly Disagree	4	6.5
	Somewhat Disagree	15	24.2
	Neither Agree/Disagree	7	11.3
	Somewhat Agree	24	38.7
	Strongly Agree	12	19.4
3. I feel comfortable concerning discussing sexual health with future clients	Strongly Disagree	4	6.5
	Somewhat Disagree	13	21
	Neither Agree/Disagree	4	6.5
	Somewhat Agree	28	45.2
	Strongly Agree	13	21
4. I feel comfortable concerning discussing sexual health issues with future clients, regardless of their sex	Strongly Disagree	3	4.8
	Somewhat Disagree	14	22.6
	Neither Agree/Disagree	4	6.5
	Somewhat Agree	27	43.5
	Strongly Agree	14	22.6
5. I feel comfortable concerning discussing sexual health issues with future clients, regardless of their, age	Strongly Disagree	3	4.8
	Somewhat Disagree	14	22.6
	Neither Agree/Disagree	6	9.7
	Somewhat Agree	25	40.3
	Strongly Agree	14	22.6
6. I feel comfortable concerning discussing sexual health issues with future clients, regardless of their, cultural background	Strongly Disagree	2	3.2
	Somewhat Disagree	16	25.8
	Neither Agree/Disagree	10	16.1
	Somewhat Agree	28	45.2
	Strongly Agree	6	9.7
	Strongly Disagree	3	4.8
	Somewhat Disagree	14	22.6
	Neither Agree/Disagree	6	9.7
	Somewhat Agree	25	40.3
	Strongly Agree	14	22.6
7. I feel comfortable concerning discussing sexual health issues with future clients, regardless of their, sexual orientation	Strongly Disagree	5	8.1
	Somewhat Disagree	22	35.5
	Neither Agree/Disagree	14	22.6
	Somewhat Agree	14	22.6
	Strongly Agree	7	11.3

Perceptions of Future Working Environment

The survey inquired about the respondents' feelings and beliefs regarding their future working environments (see Table 3) as they relate to sex and sexuality utilizing three questions. The five responses to the three questions were as follows; Strongly Disagree (1), Somewhat Disagree (2), Neither Agree nor Disagree (3), Somewhat Agree (4), and Strongly Agree (5). Participants were asked if they believe they will have too much to do in their future professions to discuss sexual issues, with 19.4 % somewhat agreed, 19.4 % neither agreed or disagreed, 29 % somewhat disagreed, and 27.4 % who strongly disagreed. Participants were asked if they felt afraid that future colleagues would be uncomfortable with questions about sexual health from future clients, with 3.2 % strongly agreeing, 29 % somewhat agree, 32.3 % neither agreed or disagreed, 21 % somewhat disagreed, and 9.7 % strongly disagreed. Finally, participants were asked if they believed their future colleagues would be reluctant to talk about sexual issues, with 1.6 % strongly agreeing, 38.7 % somewhat agree, 19.4% neither agreed or disagreed, 24.2 % somewhat disagreed and 11.3 % who strongly disagreed.

Table 3. Perceptions of Future Working Environment

Variable		Frequency(N)	Percentage (%)
I believe that I will have too much to do in my future profession to have time to handle sexual issues.	Strongly Disagree	17	27.4
	Somewhat Disagree	18	29
	Neither Agree/Disagree	12	19.4
	Somewhat Agree	12	19.4
	Strongly Agree		
I am afraid that my future colleagues would feel uncomfortable in dealing with questions regarding clients' sexual health.	Strongly Disagree	6	9.7
	Somewhat Disagree	13	21
	Neither Agree/Disagree	20	32.3
	Somewhat Agree	18	29
	Strongly Agree	2	3.2
I believe that my future colleagues will be reluctant to talk about sexual issues.	Strongly Disagree	7	11.3
	Somewhat Disagree	15	24.2
	Neither Agree/Disagree	12	19.4
	Somewhat Agree	24	38.7
	Strongly Agree	1	1.6

The survey inquired about the respondent's familiarity with the topic of sex positivity, in which they could answer extremely familiar, very familiar, moderately familiar, slightly familiar, or not at all. Of the sixty-two respondents, 12. 9% were extremely familiar, 21% were very familiar, 15 % were moderately familiar, 30 % were somewhat familiar, and 20 % were not familiar at all. See Figure 1.

Figure 1. Sex Positivity
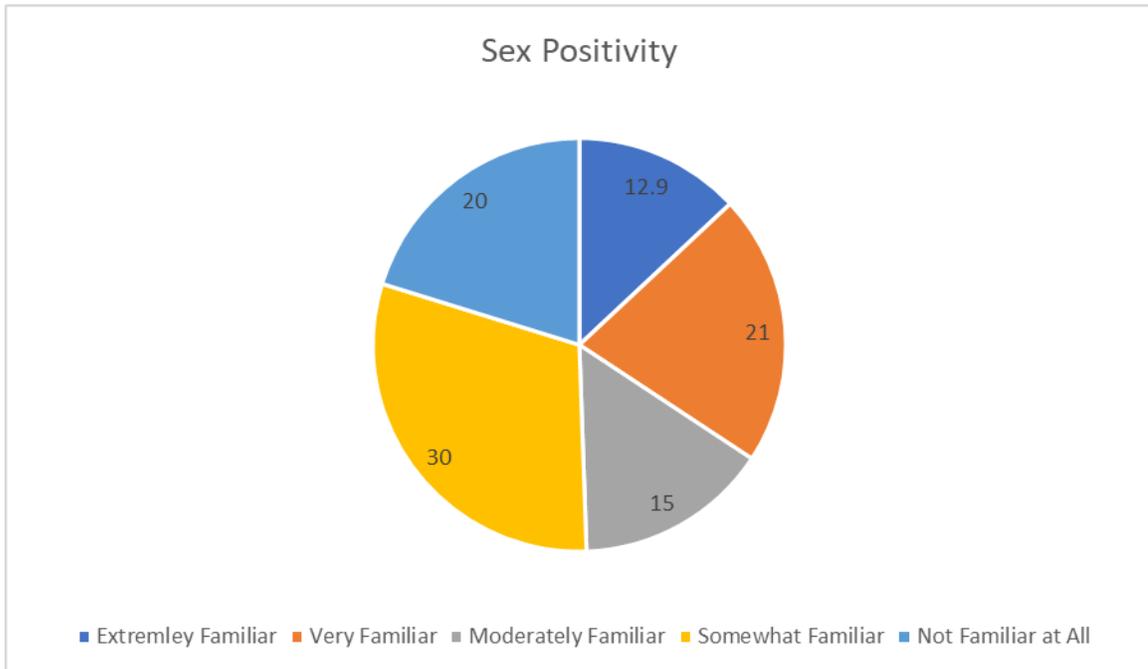
Comprehensive Sex Education

 The survey inquired about the respondent's familiarity with CSE (see

Table 4), asking them to rate it either; extremely familiar, very familiar,

moderately familiar, slightly familiar, or not familiar at all. Of the 62 respondents,

8.1 % were extremely familiar, 24.4 % were very familiar, 37.1 % moderately

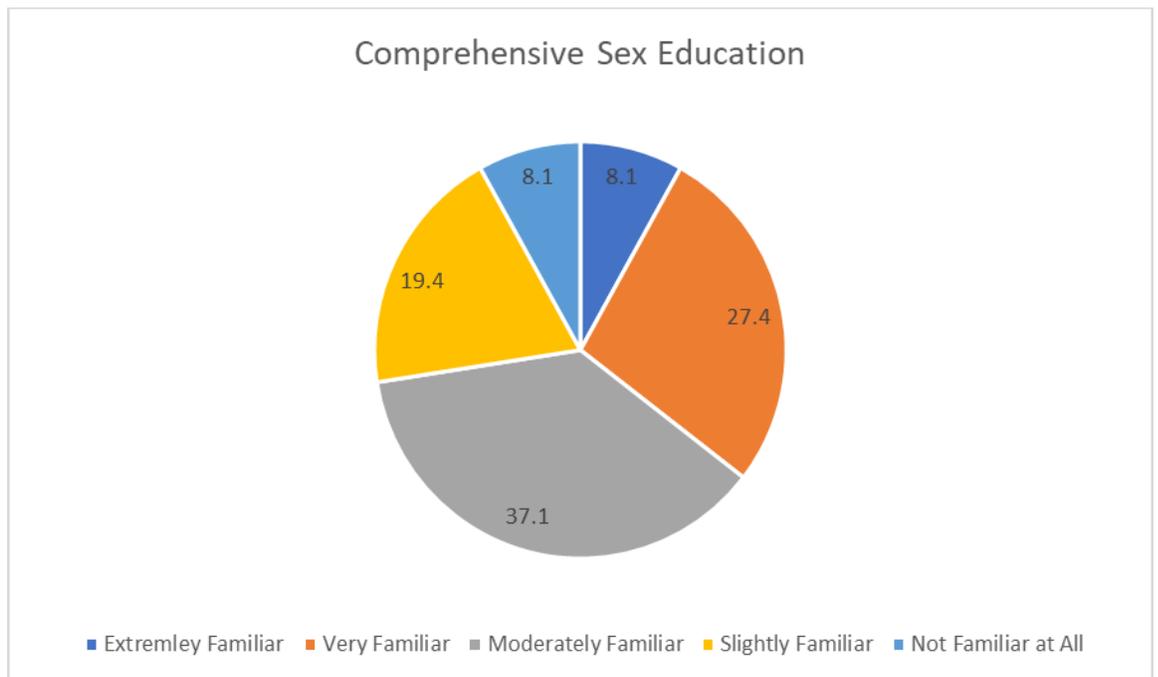familiar, 19.4 % were slightly familiar, and 8.1 % were not familiar at all. See

Figure 2

Figure 2. Comprehensive Sex Education

<u>Presentation of Findings</u>

A Kendall's tau, a non-parametric test, and a t-test were utilized to examine the data from the research participants. The following section will include a discussion of significant and not-so-significant findings from this study.

A variable was created using two categories, heterosexual (77.4 %) and non-heterosexual (22.6 %) (see Table 4). The average score for the persons who identified as heterosexual coming in lower at x=5.46 than persons that identified as non-heterosexual, x=7.00. The non-heterosexual group included the following: asexual, bisexual, queer, pansexual, gay/lesbian, and one respondent who identified as heterosexual/pansexual and another as bisexual/queer. A t-test was used to examine the differences between heterosexual and non-heterosexual respondents regarding their present feelings of comfortableness and their future working environment. The t-test for present feelings of comfortableness was not significant. Concerning future working environment, a significant relationship was found between non-heterosexual respondents and their future working environment t (57) = 2.59, p=.012.

Table 4. Sexuality as Binary Variable

Variable	Frequency (N)	Percentage (%)
Heterosexual	48	77.4
Non-Heterosexual	14	22.6

Utilizing a Kendall's tau, a significant relationship was found between familiarity with CSE/sex positivity and present feelings of comfort discussing sex and sexuality with future clients; tau (58) = -.392, p<.005.   Respondents that reported more familiarity with CSE and sex positivity reported feeling more comfortable discussing sex and sexuality at present than those with less familiarity with CSE and sex positivity. Data collected from fear of negative influence on future patient relationships had low reliability; therefore, it was not considered.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will include a discussion of the research findings as were presented in the results section. The strengths and limitations within the research will be discussed as they relate to graduate social work students discussing sex and sexuality with future clients, along with implications for future interactions with clients. Additionally, this chapter will provide recommendations concerning the preparedness and comfortability levels of graduate social work students discussing sex and sexuality with future clients.

Discussion

The objective of this study was to assess the preparedness and comfortability of graduate social work students discussing sex and sexuality with future clients. This study intended to better understand current graduate social work students at a Southern California University concerning present feelings of comfortableness, future working environment, and fear of negative influence related to discussions of sex and sexuality with future clients.

With the data collected from the survey instrument SA-SH, the three questions regarding CSE, sex positivity, graduate-level sex education, and demographic information the research participants' preparedness and comfortability levels discussing sex and sexuality with future clients were

recorded. The overall finding showed that research participants, regardless of their sexuality, who reported knowledge of CSE, and sex positivity also reported feeling more comfortable discussing sex and sexuality presently. Furthermore, a somewhat significant relationship was shown between respondents who were non-heterosexual and their future working environments. This study did not find any significant data regarding fear of negative influence on future patient relations.

There are a few important findings to emphasize from the participatory data. To conduct analysis, a bivariate variable was created utilizing the responses from the demographic question regarding sexuality. Heterosexuality was coded as 1.00, and any other category designated as not heterosexual was combined and coded as .00. The findings were not significant in the independent sample t-test comparing non-heterosexual and heterosexual participants' present feelings of comfort discussing sex and sexuality. Interestingly with regards to a future working environment, non-heterosexual respondents scored a higher mean than their counterparts. Perhaps non-heterosexual participants have more apprehension concerning future working environments and discussing sex and sexuality with clients due to past experiences with discrimination.

Interestingly regardless of participants who reported sexuality, those who reported having knowledge of CSE and sex positivity reported present feelings of comfort when discussing sex and sexuality. These findings could

imply that since graduate students reported being familiar with both topics, they felt more at ease discussing a variety of issues with future clients. This data is promising given Dodd's (2020) argument that most social workers are typically uncomfortable when discussing topics related to sex and sexuality with their clients. Social workers and graduate social workers are products of their environment and have learned that anything concerning sex is taboo, whether that be from culture, family, or their education (Dodd, 2020). However it is promising that when participants have knowledge of CSE and sex positivity they feel they can discuss sex and sexuality with clients; which means these subjects can be taught to others and help them in their future work.

Given that much of the information regarding sex, students receive in their K-12 education is inaccurate, limited, and taught from a risk-based perspective, students tend to lack a certain foundational standard moving into their graduate studies (Dodd, 2020). Once students have entered into a graduate program for the master's in social work, the sexuality education has enhanced, but it still limited in scope (Dodd, 2020)

The data collected from fear of negative influence was not considered in this research given its low reliability. However, Bolin, Rueda, & Linton (2018) suggest social workers employed by schools report feelings of uneasiness concerning discussing sexuality with students with disabilities, citing clients' lack of sex education and social workers who are "not open" (p. 32) to discussing

sexuality with clients. In addition to the uneasiness, "restrictive policies that were reflective of societal discomfort" (Bolin et al., 2018, p. 31).

<u>Limitations of Study Design</u>

A significant limitation in this study was the sample size. There were sixty-two survey responses. The portion of the survey with the most missing data were questions pertaining to fear of negative influence on future patient relations. These questions were the last ones in the survey, so it is possible participants skipped over them if they felt the survey was too long or they felt uncomfortable answering these questions. With insufficient participant data, the data analysis was limited in its scope. Another limitation was that this study only surveyed graduate social work students at a specific university, which may have limited the scope of the retrieved data. Other California State Universities and other graduate social work programs in California and around the United States would have undoubtedly expanded the depth and breadth of the statistical tests. Therefore no generalizations can be made from the data presented in this study.

Additionally, 77.4 % of the respondents reported being heterosexual, with compiled data of non-heterosexual respondents coming in at 22.6 %. If the pool of survey respondents was more prominent, this might have shown significant differences concerning feelings of preparedness and comfortability levels. Almost half of the survey respondents reported being Hispanic/Latinx, with the lowest representations being African American at 9.7 % and Asian/Pacific Islander at 4.8 %. Conceivably these small percentages can not paint a picture of the varied

experiences of graduate social work students; therefore, no generalizations can be made from this data. It is well-known that females dominate the social work field, so it was no surprise that 87.1 % of the participants reported being female, 9.7% male, 1.6 % reporting non-binary, and 1.6 % preferred not to say. If there were more expansive demographics, this would expand the statistical data as well.

Recommendations for Social Work Practice, and Research

The purpose of this study was to assess the preparedness and comfortability levels of graduate social work students discussing sex and sexuality with future clients. While survey participation was low, some significant findings suggest the continued need for an expanded curriculum concerning sex and sexuality on the graduate level. A significant relationship was found between non-heterosexual participants and their future working environments. This relationship may point to this study's notion that there are gaps in the graduate social work curriculum, specifically the HBSE course content. Data from this research also showed a significant relationship between participants who reported to have more familiarity with CSE and sex positivity and present feelings of comfortableness discussing sex and sexuality with future clients.

The data concerning questions about fear of negative influence on future patient relations were expected to display the need for more in-depth sex and sexuality content taught in HBSE courses. Although the data had low reliability, a recommendation can still be to expand current research to understand the

educational need better. Dodd & Tolman (2017) note that social workers will likely engage with "dimensions of sexuality across virtually all practice domains, emerging in a variety of clients' challenges" (p. 227). Therefore, the HBSE curriculum, particularly at a graduate level, must focus on sexual practices, sexual health, sexual experiences, particularly from a sex positive and intersectional lens. Furthermore, to extend past sex education connect within the HBSE course, a recommendation can be made for sex and sexuality to have stand-alone courses. Stand-alone courses would allow for a more comprehensive education on the subject matter and convey the importance of these topics in the lives of students' future clients.

Concerning research, a recommendation can be made to conduct a study with significantly larger sample size. Ideally, the survey would include graduate social work students from all over the United States, which provides more in-depth data. With a broader range of participants, generalizations could be made about students' preparedness and comfortability levels discussing sex and sexuality with future clients. Essential factors in future research would include participants who are LGBTQIA+, male, and more racial and ethnic minorities. Alternatively, if this research were to be duplicated, a research recommendation would be to conduct a qualitative study to gain better insights into students' preparedness and comfortability levels gaining a first-person perspective. Additionally, future research should expand beyond graduate-level social work sex education and focus on the K- 12 sex education platform.

Understanding the needs of this foundation is pertinent since graduate students learn about sex and sexuality during these formative years.

Concerning social work practice and policy related to sex and sexuality, The Council on Sexual Orientation and Gender Identity & Expression (CSOGIE), a subcommittee of CSWE as well as NASW, are both uniquely situated to promote a sex positive curriculum and sex positive practice in the field. However, CSOGIE nor NASW specifically mention sex positivity in their literature as it relates to the sexual health of clients nor have education standards related to sex positivity. As Dodd (2020) cites, taking a sex positive approach means focusing on the "sexual dimension of clients "(p. 22) and maintains that sexual well-being is more than risk-based education. Perhaps focusing on training current social workers and social work students to utilize a sex positive approach would positively benefit relationships with clients and, by extension, the clients' overall well-being.

Conclusion

In conclusion, this study aimed to assess the preparedness and comfortability levels of graduate social work students discussing sex and sexuality with future clients. While the data set was small, a few significant relationships were found. A significant relationship was shown between non-heterosexual participants and their future working environment. Additionally, a significant relationship was found between participants' familiarity with CSE, sex positivity and present feelings of comfort discussing sex and sexuality with future

clients. The data collected from fear of negative influence on future patient relationships had low reliability, so it was not considered in this study. Ideally NASW and the CSWE will eventually expand their focus regarding sex education to prepare graduate social work students better to discuss sex and sexuality with clients. With educational policy expansion from both entities, research will increase concerning students' preparedness and comfortability levels concerning discussing sex and sexuality. Still, a focus will be placed on the importance of the sexual well-being of clients. With research and policy expansion, social work programs will broaden the curriculum to meet the needs of their students and thus their future clients.

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

April 20, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-152

Carolyn McAllister Sarah Macedo
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Sarah Macedo:

Your application to use human subjects, titled ASSESSING THE PREPARDNESS AND COMFORTABILITY LEVELS OF GRADUATE SW STUDENTS AT CSUSB DISCUSSING SEX AND SEXUALITY WITH FUTURE CLIENTS ― has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activites must be approved through the Office of Academic Research by filling out the Project Restart and Continuity Plan.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**

- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-152 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess the preparedness and comfortability levels of graduate social work students at CSUSB discussing sex and sexuality with future clients. The study is being conducted by Sarah Macedo, a graduate student, under the supervision of Dr. Carolyn McAllister, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board at CSUSB.

Purpose: The purpose of this study is to assess the preparedness and comfortability levels of graduate social work students at CSUSB discussing sex and sexuality with future clients.

Description: Participants will be asked 22 questions covering present feelings of comfort, future working environment, fear of negative working environment, and educational needs. There will also be five questions regarding gender, sexuality, race, age, and level in the program and three questions pertaining to individual background with sex education.

Participation: Your participation in this study is entirely voluntary. You can refuse to participate in this study or discontinue your participation at any time without any consequence.

Confidentiality: Your responses to this survey will remain confidential and all data will be reported in aggregate.

Duration: It will take 10- 15 minutes to complete the survey.

Risks: Although not anticipated, there may be some uneasiness when answering some of the questions. You are not required to answer and may skip the question or end your participation in the survey.

Benefits: There are no direct benefits to the participants.

Contact: If you have any questions about the study, please email Dr. McAllister at cmcallis@csusb.edu

Results: results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Signature   Date

APPENDIX C

SURVEY

Gender: Please check all that apply

Male/Female/Transgender Female/ Transgender Male/ Gender Non-Conforming/Non Binary/ and Gender Queer

Sexuality: Please check all that apply Asexual/ Bisexual/ Gay/Lesbian/Heterosexual/ Pansexual/Queer/Sexual orientation not listed

Race: Please check all that apply

Black or African American/ Hispanic or Latinx/Native American or Alaskan Native/Asian/Pacific Islander/ Multiracial, Other

Age: Please fill in your age

Level in the Program: Please check the box that applies

First year/ Second Year/ Third Year/ Fourth Year,

Please check the box that applies:

How familiar are you with Comprehensive Sex Education?

Extremely Familiar, Moderately Familiar, Somewhat Familiar, Slightly Familiar, Not at all Familiar

Please check the box that applies

Have you taken a class geared towards sex and sexuality at the graduate level?

Yes/ No/ Not Sure

How familiar are you with sex-positivity?

Extremely Familiar/ Moderately Familiar/ Somewhat Familiar/ Slightly Familiar/ Not at all Familiar

Please check the box that applies

1. I feel comfortable concerning informing future clients about sexual health: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

2. I feel comfortable initiating conversation regarding sexual health with future clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

3. I feel comfortable concerning discussing sexual health with future clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

4. I feel comfortable concerning discussing sexual health issues with future clients regardless of their sex: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

5.I feel comfortable discussing sexual health issues with future clients regardless of their age: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

6.I feel comfortable discussing sexual health issues with future client regardless of their cultural background: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

7.I feel comfortable discussing sexual health issues with future clients regardless of their sexual orientation: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

8.I feel comfortable discussing specific sexual activities with future clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

9.I am unprepared to talk about sexual health with future clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

10.I believe that I might feel embarrassed if future clients talk about sexual issues: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

11.I believe that future clients might feel embarrassed if I bring up sexual issues: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

12. I am afraid that future clients might feel uneasy if I talk about sexual issues: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

13. I am afraid that conversations regarding sexual health might create a distance between me and the client: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

14. I believe that I will have too much to do in my future profession to have time to handle sexual issues: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

15. I will take time to deal with clients, sexual issues in my future profession: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

16. I am afraid that my future colleagues would feel uneasy if I brought up sexual issues with clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

17. I am afraid that mt future colleagues would feel uncomfortable in dealing with questions regarding clients sexual health: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

18. I believe that my future colleagues will be reluctant to talk about sexual issues: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

19. In my education I have been educated about sexual health: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

20. I think that I as a student need to get basic knowledge about sexual health in my education: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

21. I have sufficient competence to talk about sexual health with my future clients: Strongly agree/ Somewhat disagree/neither agree or disagree /Somewhat agree/Strongly agree

22.I think that I need to be trained to talk about sexual health in my education: Strongly agree/Somewhat disagree/neither agree or disagree/Somewhat agree/Strongly agree

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APPENDIX D

DEBRIEFING STATMENT

Debriefing Statement

Thank you for your participation in this research assessing the preparedness and comfortability levels of graduate social worker students at CSUSB discussing sex and sexuality with future clients.

Results from this study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022. All results will be reported in aggregate; and therefore, individual results will not be made available. Your participation will remain confidential. If you have any additional questions regarding this research, please contact Dr. Carolyn McAllister Associate Professor at the School of Social Work at cmcallis@csusb.edu

In the event that you feel uncomfortable answering the questions associated with this research please contact one of the following; CSUSB Counseling & Psychological Services at (909) 5375040; SAFE (domestic violence hotline) 800-799-SAFE, and San Bernardino Sexual Assault Services (SBSAS) (909) 885-8884.

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