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SOCIAL WORK STUDENTS COMPETENCY ADDRESSING SEXUAL HEALTH NEEDS OF CLIENTS

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SOCIAL WORK STUDENTS COMPETENCY ADDRESSING
SEXUAL HEALTH NEEDS OF CLIENTS

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
Laken Beltran
May 2022

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SEXUAL HEALTH NEEDS OF CLIENTS

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May 2022

Approved by:

Armando Barragán, Faculty Supervisor
Armando Barragán, M.S.W. Research Coordinator

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ABSTRACT

The contents of this study explored how competent social work students feel addressing sexual health issues with clients. Social workers could experience a multitude of problems when feeling incompetent and under-educated when helping clients with sexual problems. Various theories in the realm of social work and psychology alike see the person as a whole, with multiple facets contributing to whom the individual is. Sexual health, experiences, attitudes and sexuality are an integral part of what makes an individual who they are. A qualitative approach was utilized for this study which consisted of a 10-question interview for MSW students. This study gives implications for working with a variety of clients in both micro and macro setting on the topics of social work and sexual health.

DEDICATION

I would like to thank my family, especially my parents. Mom and Dad, I have no words to acknowledge the sacrifices you made and the dreams you had to put on hold, just to give me a chance at achieving mine. I am forever grateful for both of you.

TABLE OF CONTENTS

ABSTRACT.....	iii
CHAPTER ONE: PROBLEM FORMULATION.....	1
Purpose of the Study.....	3
Significance of the Project for Social Work.....	4
CHAPTER TWO: LITERATURE REVIEW.....	6
Introduction.....	6
Sexual Health Topics & Implications for Social Work.....	6
Teen Pregnancy.....	6
Sexuality.....	7
Abortion.....	8
Studies Focused on Social Work Attitudes Towards Sexual Health.....	8
Theories Guiding Conceptualization.....	10
CHAPTER THREE: METHODS.....	12
Introduction.....	12
Study Design.....	12
Sampling.....	13
Data Collection and Instruments.....	13
Procedures.....	14
Protection of Human Subjects.....	15
Data Analysis.....	16

Summary	16
CHAPTER FOUR: RESULTS.....	17
Introduction.....	17
Demographics.....	17
Willingness to Help.....	17
Received Education from Employment.....	18
Importance of Past Experience.....	19
Desire for Additional Experience and Education.....	19
Openeness.....	20
Summary	20
CHAPTER FIVE: CONCLUSION.....	22
Introduction.....	22
Discussion.....	22
Limitations of Study.....	23
Practice Implications.....	23
Research Implications.....	24
Summary	25
APPENDIX A: INTERVIEW QUESTIONS.....	26
APPENDIX B: INFORMED CONSENT	28
APPENDIX C: IRB APPROVAL LETTER.....	31
REFERENCES.....	33

CHAPTER ONE

PROBLEM FORMULATION

Sexual health is one major component of an individual's physical, mental and emotional health, including sexual rights (Areskoug-Josefsson, Rolander, & Bülow 2019). The topic includes reproductive health, fertility, sexually transmitted diseases (STDs), reducing unwanted pregnancies and least oppressive or exploitive means to sexual expression (Nusbaum & Hamilton, 2002). Sexual health and sexuality are an integral part of one's identity and a basic need, (Maslow, 1943).

When individuals face repression and shame of sexual issues, various triggers may arise, resulting in mental illness. Survivors of sexual assault experience trauma-related shame, which has been associated with depression and post-traumatic stress disorder (PTSD) (DeCou, Kaplan, Spencer & Lynch, 2019). Individuals who identify as LGBTQ+ are also at an increased risk for mental illness along with suicide due to feelings of shame and homophobia (McDermott, Roen, & Scourfield, 2008). A study targeting women who suffer sexual arousal disorder showed promising evidence for victims of sexual abuse with psychoeducational interventions that utilize mindfulness (Brotto, Basson & Luria, 2008). Like being trauma-informed, it's crucial that social workers are informed on high risk sexual health concerns as well to promote psychoeducation and appropriate levels of support.

A study on social work students' attitudes towards addressing sexual health issues in their careers demonstrated an overall lack of education for students regarding the topic (Areskoug-Josefsson, et al. 2019) Social work students stated receiving no education on sexual health, felt the need to be educated on sexual health and provided training on how to speak with clients about sexual health (Begun, et al., 2017). Social workers will face many problems when feeling incompetent and uneducated on the issue when encountering clients who have certain needs when discussing sexual health.

Council on Social Work Education (CSWE) is responsible for creating general competencies for social work education and lacks any formal requirement for accredited social work programs to implement sexual health education. In 2015, social workers' received accreditation in social work standards, updated to include the ability to make informed ethical decisions however no requirements have been made for social work programs to create a curriculum which includes sexual health education or information on reproductive rights (Begun et al., 2017).

Social work students are taught to embrace the whole person in environment when caring for clients yet aren't skilled enough in one major facet of a human's basic need; sex. During an individual therapy session, a client might disclose issues with gender and sexuality, sexual abuse, needing access to birth control or an abortion, sex work, sexual dysfunction or lack knowledge in basic sexual health education. Some social workers may feel inadequate to

address these concerns and refer a client to a certified sex therapist or someone with more knowledge on said topics, creating a gap in treatment. In order to ensure quality care for clients, social work programs should be equipped with a section for sexual health in the curriculum and provide a unit during micro work, on how to communicate about sexual health with clients (Areskoug-Josefsson, Rolander, & Bülow 2019; Begun et al., 2017).

Purpose of the Study

The purpose of this study is to address how competent social work students feel addressing client's sexual health needs. If a social work student can't depend on the current MSW curriculum to cover important, basic topics pertaining to clients, there is no choice other than self-educating. When social worker feels incompetent to address client's sexual health needs, the client may be referred to another person or place, resulting in lack of continuity of client care. Understanding social work students' attitudes and feelings on certain topics and which factors influence those feelings should be explored because clients are greatly impacted by social work (Urwin, 2018). This study seeks to shed light on the deficits in social work education on sexual health topics and how students are impacted.

The chosen research method that was used in this study is a qualitative design. The study used an interview consisting of 10 questions which explore social work students' feelings of competency. This method was chosen due to

the nature of the research question and seeks to explore social workers feelings and experiences; therefore, a qualitative interview is appropriate.

Significance of the Project for Social Work

A social worker's scope of practice should not end at the topic of sexual health, yet it is a topic that isn't addressed enough during the Master of Social Work curriculum. Many theories in social work and psychology view and explore the person as a whole, with multiple facets contributing to whom the individual is. Sexual health and sexuality are an integral part of what makes an individual who they are, and sex is a basic need. Understanding this part of a client's identity and addressing needs or resources available is something social workers should feel competent approaching. Research is needed on how competent Master of Social Work students feel addressing topics like sexual health to expose reasons and factors contributing to feelings of inadequacy.

The findings of this study may contribute to the way the MSW curriculum is created and question if it is lacking sexual health education. Agencies, school-bases settings, hospitals and private practices may view the findings of this study as significant and seek to explore ways to better prepare students and interns to feel more competent about topics regarding sex. This study is pertinent to the fields of social work and sexual health and wellness and thus gives further implications on working with clients in a micro or macro setting. The questions

this study will ask is as follows: How competent do MSW students feel addressing client's sexual health needs?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the topic of competency in social workers regarding discussion of sexual health with clients. The subsections will include sexual health training and education, sexual health topics and theories for social work.

Sexual Health Topics & Implications for Social Work

Individuals seeking social services and mental health services for sexual health related topics hold a wide range of issues. Some topics can be classified as 'negative'; sexually transmitted diseases (STI's), unwanted pregnancy, sexual violence and impotence while others can be deemed as positive. Sexual pleasure, sexual expression, eroticism can be associated with 'positive' sexual rights (Dermer & Bachenberg, 2015). The latter is often overlooked with health professionals and leaves a gap in care for clients. These issues create implications for social work and a need for education and training on relevant sexual health topics for social workers.

Teen Pregnancy

The United States teen birth rate has decreased since the 1990s but is still 3-6x higher than other developed countries. Adolescent girls in the US are not using modern forms of contraception such as the pill, condoms and implants.

(McKay, 2006). Lack of education, resources such as health care and prevention programs are some causes of teen pregnancy (Klauss, Dooley, Hathaway, Vollet-Krech & Yoxithimer, 2014; Brunk & Wilkosz, 2017). Social workers will no doubt be faced with adolescents at some time and should be prepared and educated on risk factors and effective interventions (Monohan, 2002). Since the role of a social worker remains vast, it is expected that social workers will become a resource for services and knowledge which can aid clients who aren't seeking those services to begin with but might need them (Begun et al.,2017).

Sexuality

Maslow's hierarchy of needs lists sex as a basic need along with water, shelter and food; therefore, social workers should be educated on such a basic need and advocate for their clients just as they would for any other need. All social workers should be educated enough to work with LGBTQ individuals regardless of religious beliefs and understand how social policies and social work practice intersect with sexuality. LGBTQ people are relying on advocates like social workers to protect access to services, mental health and freedom of expression to name a few. Not enough literature is available on cultural competency courses and the impact it has on social workers attitudes towards supporting policies that impact LGBTQ individuals. However intergroup dialogue (IGD) has been shown to increase social work students' awareness on struggles LGBTQ people face. For the study, IGD consists of small groups within the social work curriculum which discuss theories, microaggressions, implicit bias, sharing

personal experiences and planning macro level interventions (Dessel & Rodenborg, 2017). Literature exists on the topic of social workers and the role involved in advocating for LGBTQ individuals but there is a clear need for more evidence on how competent students feel when addressing these issues post-graduation.

Abortion

According to a study done by Begun et al., when social work students were asked about the topic of abortion, almost all participants responded saying abortion was rarely discussed during lectures or at field placements. Additionally, when asked how a client would gather more information, nearly 50% of respondents disclosed not knowing how to help a client seek more information about abortion. Results from this study indicate social work education has great need for unbiased training on counseling clients on abortion and what options are available. If social workers feel discomfort, thus avoiding discussing issues regarding sexual health, barriers are created against the client and the social worker's practical social work performance is compromised (Areskoug-Josefsson, Rolander & Bulow, 2019).

Studies Focused on Social Work Attitudes

Towards Sexual Health

Social workers should feel competent and educated enough to address client needs and not create a lapse in care by referring individuals to other

practitioners. Various studies display a similar pattern, social workers feel uneducated on sexual health topics, creating a need for better education. Healthcare workers and social workers generally feel incompetent when addressing sexual health; inadvertently creating an insensitivity to patients whom are expecting proficiency in such topics (Dermer & Bachenburg, 2015; Areskoug-Josefsson, Rolander & Bulow, 2019).

Numerous barriers exist for social workers when speaking to clients about sexual health that results in patient dissatisfaction. Some of the concerns social workers may have when working to address sexual health concerns are lack of education, embarrassment, lack of time, religious views, and believing it is outside the scope of practice (Dyer & das Nair, 2013).

While multiple studies agree social work curriculum should be examined, reviewed and revised, other points are made as well involving curriculum. The study on Swedish social work students attitudes towards addressing sexual health in their future profession calls for advancement in curriculum, a study addressing U.S. social work students attitudes towards sex and abortion suggests going a step further in ensuring a more enriching sex ed program; by exploring faculty attitudes and education on teaching such topics, how student's questions would be addressed by faculty and thus planning which topics would be discussed and how (Begun, Kattari, McKay, Ramseyer Winter, & O'Neill, 2017). Giving social work students the tools to become better social workers will boost confidence and barriers between clients may diminish (Van Ek et al, 2018).

Theories Guiding Conceptualization

This study utilizes one theory, Bronfenbrenner's Ecological Model, to conceptualize the ideas mentioned.

When developing an assessment for social work education and accreditation, determining what to measure can be based on past research and theories and professional competencies. Jensen, Strom-Gottfried & Kimberly argue focusing on specific curriculum; ie; be sexual health, during a comprehensive assessment is both reliable and uncommon means to study and analyze social work student competency (2018).

Understanding biases and values when it comes to topics like sex, abortion, contraception, decriminalizing sex-work, sexual preference and sexual dysfunction is crucial when one becomes a social work. Social workers can explore models like Bronfenbrenner's ecological model provides a framework for the individual to understand how each system in life plays a role in development. Bronfenbrenner's Ecological Model consists of five systems that involve the individual and their relationships with each. The first system is the individual or self, it centers on age, gender and health. The second system, the microsystem consisting of the individual's family, friends and caregivers. The mesosystem which is the third level of Bronfenbrenner's ecological model seeks to relate the individual's family, friends, home, school and workplace. The individual's community, neighborhood and extended family make up the fourth system, the exosystem. The macrosystem, the final system, describes the

individual's beliefs, cultural values and customs (Bronfenbrenner, 1994, p. 6). According to Hong, Espelage & Kral, interactions that take place within the micro, meso, exo and chronosystem levels are greatly influenced by any social phenomena that take place in the individual's life. Understanding an individual's ecological risk and protective factors gives better insight to how an individual views sexual health along with any biases, cultural beliefs or values (2011).

Summary

This study explores the ways sexual health integrates into social work practice and social workers feeling of competency when addressing the subject with clients. Given all of the ways sexual health can impact an individual's life, from sexual pleasure to sexually transmitted infections, there is an urgent need for social workers to be educated and competent to further serve their clients. There is also a need for a social work curriculum to cultivate and implement a robust, comprehensive sexual health education to ensure students are competent and confident in their careers. This study seeks to add multiple beliefs and attitudes towards different facets of sexual health from the perception of social workers to the current literature and advocate for additional education in the field.

CHAPTER THREE

METHODS

Introduction

This study seeks to answer how competent social work students feel addressing client's sexual health needs. Chapter three contains details on how the study was carried out. The sections discussed in this chapter will be study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to explore in what ways MSW students feel competent in addressing sexual health topics with clients and understanding barriers within the current curriculum. The nature of this research project is exploratory because of how little literature exists on the topic especially from the perspective of social work students. In order to express and represent the views of social work students accurately, this study was qualitative and utilizes open-ended questions to obtain answers from the study participants.

Since the study is an exploratory, qualitative study, participants had the opportunity to express their thoughts and opinions regarding the subject instead of rating their feelings with a scale or multiple-choice answers. A strength of the study is the fact that prior research on social worker students usually doesn't

explore topics regarding sexual health. This study seeks to highlight student experiences and include new insights and observations on social work students' attitudes on various sexual topics, a subject that isn't researched often.

Though this study has strengths by being qualitative in nature, weaknesses are present as well. One notable limitation when using qualitative interviews is the invasive means of obtaining answers from participants. Social work students cannot remain anonymous during the interview and will be expected to answer each question openly and honestly. Due to these circumstances, some participants may not answer honestly by not sharing their thoughts or answering in a way that seems most correct.

Sampling

This study utilized a non-random purposive sample of Master of Social Work Students in the counties of San Bernardino and Riverside. Participants were actively enrolled in a Master of Social Work programs from colleges in the area. A total of nine participants completed one interview each with the researcher. The participants consisted of two men, two non-binary individuals and five women.

Data Collection and Instruments

Qualitative data was collected via audio-only, Zoom video conferencing platform during the spring and summer of 2021. Individual interviews started with

an introduction of the study, along with a description and the purpose. Pertinent demographic information was collected from participants before the main part of the interview. Questions consist of information about gender, age, ethnicity, highest level of education and number of years of experience in the field.

The researcher conducted individual interviews using questions outlined in Appendix A. The survey consisted of demographic questions regarding age, gender and program along with 10, open-ended questions; some are dedicated to sexual health topics and the others ask questions about perceived competency, and last, about sexual health training in MSW education. Sexual health topics range from questions on abortion, sexuality, pregnancy prevention, sexual dysfunction and sexually transmitted diseases. Questions pertaining to competency asked students how competent they feel about speaking on each sexual health topic. When interviewed about current sexual health education existing in MSW programs, students answered if any education or training is offered in the program. Choosing questions to ask participants was a very deliberate process and steps were taken to refine each question. The author of the project was able to further discuss each question with the research advisor to ensure questions are both valid and reliable.

Procedures

In efforts to reach master level social work students, the researcher created an email and sent it to classmates and others enrolled in MSW

programs. The email contained contact information if they chose to participate in the study. After receiving contact from possible participants, the researcher sent informed consent form to their student emails. Once participants reviewed the informed consent, marked their consent with X and emailed the form back to the researcher, the researcher contacted the participant about setting up an interview date and time.

Upon completion of scheduling one on one interviews, each participant met at scheduled day and time virtually with the researcher to answer research questions in the style of an interview. The researcher went over informed consent, explained the study, how many questions will be asked and answered any questions the participant had before starting. The researcher then started recording, interviewed participants, asked if they had any questions, thanked the participants and ended the virtual meeting.

Protection of Human Subjects

Due to the nature of a qualitative study, confidentiality during interviews is not possible however each participant was kept confidential and assigned a participant number instead to hold anonymity. Participants were made aware of creating anonymity by the researcher who explained how confidentiality will be maintained. All audio recordings, forms and interview answers will be kept in a secure location to ensure anonymity will not be compromised. After one-year

post-completion of the study, the researcher will destroy all documents and audio recording tapes from the study.

Data Analysis

Due to the qualitative nature of this study, data was approached and analyzed with a thematic analysis. The researcher of the study identified common patterns in participant responses. Audio recordings of each interview were transcribed into written words, inspected, themes given, and each one given a color code. All themes were read and analyzed by the researcher. The researcher read and reread the transcripts and identified and color coded each theme. The researcher expanded on findings in chapter four.

Summary

This study examined feelings of competency from social workers when addressing sexual health topics or issues with clients. Gathering feedback and verbal answers from each social work student displayed real experiences and attitudes from MSW students, providing helpful data for future studies and changes in curriculum. Although qualitative methods fall short in terms of confidentiality and possess limits in other areas, this study is a voice for MSW students and may possibly lead to improvements in curriculum within social work programs or field agencies.

CHAPTER FOUR

RESULTS

Introduction

The researcher was able to interview 9 participants through the means of a convenience sampling, via the researcher's personal network of MSW students. All participants are currently enrolled in a Master of Social Work program. The interviews took place in August and September of 2021. Data analysis exposed a total of four themes which are as follows: receiving education from previous job experience, willingness to help and the importance of any past experience especially personal and job-related and openness. Themes within the demographics are present as well and will be discussed.

Demographics

For this research study, all participants were/are currently Master of Social Work students. Five participants identified as female, two participants identified as non-binary and two identified as male. Three of the participants were in a part-time program and 6 were enrolled in a full-time program. All but one participant responded as being in their advanced year of placement; these individuals are in their last year of the program, set to graduate soon.

Willingness to Help

A theme present among all participants was a willingness to help. Like the nature of social work and core values associated with the profession, all participants elicited a willingness to learn what they didn't know, a willingness to become more proficient in what they already know, and a willingness to help any client as best as they can. Participants held the theme of not quite knowing everything but wanting to be present and of service to their clients and perhaps seeking supervision or education simultaneously. Three participants stated they would most likely refer a client to a certified sex-therapist, as they felt they did not hold qualifications to go in-depth of sexual related topics. All participants evoked a strong sense of confidence in their ability to help their clients, regardless of the subject matter.

Received Education from Employment

A common and very prevalent theme from the data suggests 8 out of the 9 participants had received knowledge on topics related to sexual health from previous or current employment. This suggests most MSW students have some knowledge surrounding sexual health before enrolling the program or while currently enrolled. This also suggests most MSW students work or have worked in a social work-related field which can provide foundational level experience before entering the field as a master-level student, which may also be tied to perceived confidence and willingness to help clients. "Well, I think maybe

because I come from a social work background, I will be like yeah we can, we can address it.”

Importance of Past Experience

All nine participants consistently spoke about their past experience regarding sexual health for reasons why they were educated on certain topics or felt comfortable engaging in specific conversations with people. This past experience was most commonly, personal experience and work experience, with some participants stating they had educational exposure of sexual health topics. In regard to where this experience comes from, participant number seven reported, “I don't think it has anything to do with my education, I think it has more to do with just myself and my previous work experience”. Within the collected data, it is evident that these participants value their experiences which gave them knowledge to ultimately help others.

Desire for Additional Experience and Education

During this study, it was found evident by the researcher how important experience is in feelings of competency addressing sexual health with clients. An additional sub theme that emerged was the participants' feeling of needing more experience or education on certain sexual health topics. One participant stated, “I think that would definitely be an area where I could improve or have more experience with.” Four out of nine participants stated they wished their Master of Social Work program included more education on topics related to sex and felt it is important to address all aspects of health with a client. When asked if their

MSW program offered training on sexual health, participant number 5 said, “I wish they would teach us more about women’s reproductive health, they should do the same thing with men's reproductive health as well, they don't really talk about mental health or sexual dysfunction or low testosterone levels, etc.”

Openness

Social work entails a person working in the field to be social and possess proficient communication skills to perform their job. This study identified a theme in which all participants stated they were open and willing to talk about subjects like sex with people, even non-clients. This is unique when considering if individuals from other fields feel as comfortable speaking about sex and sexual health.” I don't find the topic uncomfortable; I think it's important to bring up [sex].” “I feel comfortable talking about anything with anybody else, it doesn't matter to me” “I would say I'm very comfortable. I've always been very comfortable with sexual health. I think it's very normal, it's part of a person's life.” The emerging theme of openness from social work students poses the question, if individuals from similar or different graduate level programs feel as comfortable talking to people, about a range of topics.

Summary

In this chapter, the researcher presented data on the results of the study such as demographic information, themes and subthemes identified while conducting data analysis. The researcher found Master of Social Work students

are generally open when communicating with others, possess a willingness to help others, most received past education via employment and the emphasis on value of past experience.

CHAPTER FIVE

CONCLUSION

Introduction

Chapter five will consist of reviewing the results, discussing if the research question was supported, how existing literature supports or does not support the research question, addressing unanticipated results, limitations and implications for future practices.

Discussion

The results and themes that emerged from this study are significant in answering the research question. According to the participant's answers, student's feel competent addressing sexual health needs of clients however most also desire for a sexual health component in MSW education. Participants were vocal about the lack of sexual health curriculum, with some stating an elective course with topics pertaining to sex, in the MSW program would be beneficial to their education as a social worker. This study reflects the finding mentioned in the literature review; social workers feel uneducated on sexual health topics and desire more education. Additional responses from this study which corroborate with existing literature are feelings of being outside the scope of practice and personal beliefs as concerns to addressing client's sexual health.

Limitations of Study

The study on Master of Social Work students contains several limitations. First, the participants were recruited via the researcher's network of MSW students. The study may have yielded different results perhaps if the volunteers were outside of the researcher's network and/or able to answer anonymously. Seeing as the topics discussed were sensitive in nature, the participants may have not given completely truthful answers due to the rapport they had with the researcher. The sample size was small, containing only 9 participants, therefore the opinions and statements given pertain to a small group of MSW students. Additionally, students who participated in the study all resided in Southern California and culture may have a significant role in how participants answered due to geographical location. Another limitation to the study is how it took place; interviews were conducted virtually via Zoom audio calls. Since participants were not able to see the researcher, facial and social cues by either party may have impacted the way the questions were interpreted or answered. Lastly, more research needs to be conducted on client's feelings of satisfaction when addressing sexual health needs with social workers to better understand what should be considered for curriculum amendments.

Practice Implications

Social workers can expect to discuss sexual health in a variety of settings, from hospital setting to policymaking in a macro setting. The results of this study implicate the notion that social workers should strive to educate themselves on

sexual health in order to better serve clients. Competence as one of the seven values of social work can be considered with the emphasis participants placed on the value of education. Participants' desire for more learning opportunities implies social workers would be successful by enrolling in additional courses or training to strengthen existing knowledge and skills in this area. Social workers should also include any cultural humility training to remain aware and take the learner role. Becoming more comfortable discussing sexual health topics with clients aligns with another social work value, importance of human relationships, and may promote a strong rapport in practice settings.

Research Implications

Beyond this research project, additional research on the topic of social workers and sexual health could be completed through quantitative studies to supplement this data with more numeric values and larger sample size. Future research should measure perceived competency on a Likert scale to further study a more quantifiable result. Research should also take place in agencies and universities in other parts of the country to explore curriculum, training, faculty attitudes and student/social worker attitudes on a larger scale.

Universities may consider collecting data to decide on implementing additional education or any modifications to existing curriculum to include more topics related to sex and sexual health. Placing focus on research and the importance of education and comfort level of sexual health topics from social work students offers valuable insight to promote competency and quality education.

Summary

Social work students at a master level hold feelings of competency when addressing sexual health needs of clients however students can feel more proficient as a result of advanced sexual health education. Graduate level programs should include more of this content to better prepare students who directly impact their clients and community. Creating competent, educated social workers can empower clients and the community served, thus staying true to social work core values and promoting resilience.

APPENDIX A
INTERVIEW QUESTIONS
DEVELOPED BY LAKEN BELTRAN

Qualitative Interview Questions:

Demographics:

- a. What is your age?
 - b. What is your gender?
 - c. Are you in the part time program or full-time program?
 - d. Are you in your foundation year or advanced year?
-
1. How do you feel about addressing sexual health topics with clients?
 2. How comfortable do you feel working with individuals who identify as LGBTQ+?
 3. How do you feel about discussing sexual dysfunction with a client of a different gender?
 4. Do your beliefs about abortion affect your ability to help guide an individual to such services?
 5. You are a therapist; during a session, a client states they desire a better sex life with their partner. What is your immediate thought/feeling?
 6. What do you know about STDs, treatment and prevention?
 7. What do you know about forms of birth control?
 8. How comfortable do you feel talking about sexual health with others (non-clients)?
 9. How educated are you on reproductive health?
 10. Did you receive any education or training on sexual health, or topics similar, in your MSW program or field placement?

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine feelings of competency from social work students when addressing sexual health needs of clients.

This study is being conducted by Laken Beltran, a graduate student, under the supervision of Dr. Armando Barragán, Assistant 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 the study is to examine feelings of competency from social work students when addressing sexual health with clients.

DESCRIPTION: Participants will be asked a few questions on sexual health topics and some demographics.

PARTICIPATION: Your participation in the study is voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences

CONFIDENTIALITY: Your responses will remain confidential and data will be reported by assigned number.

DURATION: It will take 30-40 minutes to complete the interview.

RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537- 3501.

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 agree to have this interview be audio recorded: ____ YES ____ NO

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

 Place an X mark here

 Date

APPENDIX C
IRB APPROVAL LETTER



June 8, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-162

Armando Barragan Jr. Laken Beltran
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Armando Barragan Jr. Laken Beltran:

Your application to use human subjects, titled "Social Work Students Competency Addressing Sexual Health Needs of 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 activities 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-FY2021-162 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

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