2001

Human sexuality knowledge and attitudes among graduate social work students

Denette Michelle Wilson

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HUMAN SEXUALITY KNOWLEDGE AND ATTITUDES AMONG GRADUATE SOCIAL WORK STUDENTS.

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
Denette Michelle Wilson
June 2001
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ABSTRACT

The purpose of this research was to obtain empirical evidence regarding the knowledge and attitudes among graduate social work students (N=133) from a California University. It is an exploratory study used to evaluate the attitude and level of knowledge social worker's currently have prior to graduation. The study examined the relationship between age, previous sex education, marital status and the amount of human sexuality knowledge. The Sex Knowledge and Attitude Test (SKAT), developed by Harold Leif and David Reed (1979), assisted in measuring attitudes and human sexuality knowledge. ANOVAs were performed in comparing answers to questionnaire items between knowledge and attitude groups. Independent Sample t-tests (t-tests) were also used to measure for equality of means between attitude and knowledge. Pearson-r correlations were utilized to find results among the numerous variables within the demographics and subscales of attitudes.

Findings of this research support the SKAT as a valid instrument for assessing human sexuality knowledge and attitudes among graduate social work students of a California University. Additionally, the data collected demonstrate that older, married, and students who have taken previous human sexuality course work show an increase in
human sexuality knowledge and a more liberal view among human sexuality attitudes.
ACKNOWLEDGMENTS

A sincere thank you to Jette Warka, M.A. for her never-ending patience, knowledge, support, encouragement, and spirit in helping me attain my goal. I am honored to become your colleague in the field of mental health. Thank you to Mona Mosk, Ph.D for her generosity of time and energy in assisting me to further understand the research process as well as assist with my last minute cries for help in proofreading. Thank you for your kindness and making me feel welcome as a friend in your home. Finally, I would like to thank Fred Rabinowitz, Ph.D for believing in me, for being a partner in my quest for personal growth, and for taking me under his wing as I began my journey in the field of mental health. You have always challenged and encouraged me to be my best. You are my teacher and a role model.
DEDICATION

This work is dedicated to my mom, Mary Wilson whose unconditional love, constant encouragement, endless support, and willingness to always listen to my joys and fears, has helped me make it through this world. Your determination and hard work to be the best in your own career and your love for family and friends has been my example to live by. Thank you for being my strength and for always giving me the freedom to fly. You are my inspiration and my hero. I love you. Denette.
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CHAPTER ONE
INTRODUCTION

Problem Statement

In the recent years there has been an increased awareness within the field of social work and other related fields, that knowledge in helping those with sexual difficulties needs to be part of the essential training of every practitioner (De Silva, 1994). Emphasis on sexuality is no longer considered a specialization, but an area in which every practitioner dealing with mental health and behavioral problems has to have the necessary skills (De Silva, 1994). However, Gray, Cummins, Johnson and Mason (1988) found that a majority of counselor education programs did not require or provide training in human sexuality to counseling students. In addition, when compared to other professional graduate students, social work students did not demonstrate a higher level of sexual knowledge in this area (Abramowitz, 1971).

There has been little research performed on the amount of knowledge graduate students have in human sexuality. Human sexuality was first recognized by social work in the latter part of 1966 and it was only in 1975 (Valentich & Gripton), that courses in human sexuality began to be
offered to social work students. Most studies have concluded that courses in human sexuality increase either knowledge of sexuality or the permissiveness of attitudes toward variations in sexuality (Vollmer, Wells, Blacker & Ulrey, 1989). The conclusion at the time appeared to be that courses in human behavior and clinical practice were already providing enough information on the topic of human sexuality (Valentich & Gripton, 1975). It is this very misconception that threatens the effectiveness of social workers today. The social work curriculum is not providing enough human sexuality education.

The Educational Policy and Accreditation Standard's (EPAS; Council on Social Work Education (CSWE), 2000) required content for graduate social work programs include courses in social work values and ethics, diversity and social and economic justice, human behavior and the social environment, social welfare policy and services, social work practice, research and field practicum (CSWE, 2000). It should be noted that CSWE does not specify the exact content of the courses to be covered in the required courses. Despite its importance, CSWE does not require a specified course in human sexuality.

The Council on Social Work Education (CSWE) works to ensure the preparation of competent social work
professionals. The council's main objective is to promote and maintain the quality of social work education and practice effectiveness (CSWE, 2000). The Council on Social Work Education is responsible for setting and maintaining national accreditation standards for master's degree programs in social work (CSWE, 2000). However, there appears to be little evidence that social work preparation programs actually include curricula in human sexuality. McConnell (1976) asserted that it is unrealistic to expect counselors to adapt to changes in the clients' needs for sexuality counseling without a corresponding change in counselor education.

After examination of the literature, the researcher believes that the need for a required human sexuality course within the core curriculum is threefold: 1) Social workers need to be knowledgeable in the area of human sexuality so that they can offer clients an educational as well as therapeutic experience; 2) Social workers need to develop intervention skills appropriate for sexual issues in order to assist clients in their treatment; and, 3) Social workers need to assess their own attitudes, comfort levels and biases in regards to sexuality issues that may arise in the interaction with clients.
The proposed educational policy and accreditation standards for the Council on Social Work Education (CSWE, 2000, p. 7) states that one purpose in social work education is...

"... preparing practitioners to work with individuals, families, groups, organizations, and communities without discrimination on the basis of age, culture, class, ethnicity, disability, gender, national origin, race, religion, or sexual orientation."

In order to work with clients, Gray and House (1991, p. 6) state...

"... a mental health counselor must understand the importance of the following: (a) counselor comfort with sexuality, (b) sexuality assessment tools, (c) societal values about sexuality, (d) treatment approaches to clients' sexual issues, and (e) incorporation of safer-sex guidelines into counseling."

The counselor's level of expertise and experience determines the level of effectiveness. If a social worker has not received education, for example, in working with homosexual clients, the social worker may be unaware of any personal biases or heterosexist views that may hinder the therapeutic process. It is imperative that social workers learn about human sexuality issues and get the necessary skills and self-awareness needed to effectively treat clients.
Problem Focus

The purpose of the study was to assess the attitudes and the amount of knowledge current graduate students in a social work program attending a California University have in human sexuality and address the absence of a human sexuality course in the social work curriculum. Currently the social work graduate program of the California University does not offer a course in human sexuality. Measuring the amount of knowledge the current graduate students have in human sexuality may indicate the need or absence of need, to incorporate a human sexuality course into the required curriculum. Too often individuals are leaving exceptional professional schools without the knowledge and skills to answer questions and address the needs of individuals related to issues of human sexuality (Brashear, 1978).

The findings of this study will help the Department of Social Work of the California University to understand the attitudes and amount of knowledge graduate students have in regards to human sexuality. Americans are and will continue to be, a sexually aware society. As Tanner (1974) states, nowhere is the teaching of human sexuality more important than in graduate professional education. Social workers are a group of professional counselors whose work with patients
and clients often presumes a knowledge of and comfort with the subject of sexuality (Tanner, 1974). The amount of knowledge a student has may directly affect their ability to counsel patients effectively.
CHAPTER TWO
LITERATURE REVIEW

Human Sexuality in Therapy

Human sexuality is an aspect of all the individuals and their functioning that social workers encounter in their career. It is only one aspect of the whole person, which must be addressed in areas such as social work. Social workers have a responsibility to integrate the sexual dimension of their patients into their treatment considerations and methodologies (Brashear, 1978). By examining the attitudes and level of knowledge for this aspect of clinical skills and preparation, social work institutions and educators are assisting students to better prepare for clinical practice.

Couple and family counselors, social workers, psychologists and psychiatrists have all identified a need for clinicians to address sexuality issues of clients of all ages and point out that some authors believe sexuality concerns affect self-esteem, quality of intimacy and success in the workplace (Gray & House, 1996). Several authors also emphasize the need to integrate sexuality issues into counselor education curricula (Emerson, 1988; Gray & House,

Thompson and Fishburn (1977) discovered that graduate counseling students admit to feeling inadequately prepared to deal with human sexuality issues such as gay, lesbian, and bisexual clients. Although it seems that counseling professionals may be uncomfortable with sexuality as a component of their work with clients, counselors do work with adolescents and couples for whom sexual issues are common. Perhaps, as a result, gay and lesbian clients have reported experiencing difficulty obtaining adequate counseling services.

Similarly, Bradshear's 1978 research describes a study of graduate students in clinical social work and found that the students encountered to some degree, sexual behavior from their clients in counseling situations. Students described these experiences as mildly to markedly discomforting. This discomfort was most likely communication to the clients, giving a confused or a negative message about the client’s sexuality (Bradshear, 1978).

Gillman and Whitlock (1989) explain that one’s sexual feelings, attitudes and behaviors are socially and culturally influenced through personal choice, experiences
and influences, that may change over time. This includes such aspects as the exploration of sexual values and ethics, gender identity, sexual orientation, and relationship formation. Gillman and Whitlock (1989) promote the idea that sexuality education and counseling must become an integral part of the services offered to children and their families.

Gray and House’s (1996) study found that a high percentage of programs offering couple and family counseling, community counseling, mental health counseling and school counseling, indicated that programs should include sexuality training in their specialty, and these researchers agree with Gillman and Whitlock (1989) that sexuality must be redefined as a function of total personality and addressed from a life-cycle perspective in clinical settings, not just with the belief that only adolescents and adults are sexual beings.

Assessment of Human Sexuality Knowledge

The study may also assist graduate students in assessing their own needs to further explore human sexuality issues and possibly work to acquire the necessary skills needed to provide effective therapeutic intervention. Kirkpatrick (1980) found that counselors ability to discuss
and assess sexual dysfunctions with clients needed significant improvement. Considerable attention must be given to increasing graduate students' comfort in talking about sex and developing their understanding and acceptance of a range of sexual expression (Valentich & Gripton, 1975). It is important that every social worker give attention to his or her need for his or her own development in dealing with sexual concerns (Bradshear, 1978).

Assessment of Biases in Human Sexuality

Gillman and Whitlock (1989) point out that a comprehensive sexuality education incorporates not only the biology of human sexuality, but also its developmental nature. The developmental nature includes areas such as the exploration of sexual values, ethics, gender identity, sexual orientation, and relationship formation.

Iasenza (1989) emphasizes the need for counselors in training to assess and become aware of personal biases. It is brought to the attention of the reader that counter-transference is ever present in the counseling relationship (Iasenza, 1989). Taking part in human sexuality courses and counselor training offers an opportunity to discover the complexity of our own stereotypes, biases, and lack of knowledge in certain areas of sexuality issues. Counselors
who appear most suited for working with individuals on human sexuality issues are those who are comfortable with their own feelings, behaviors, and thoughts regarding sexuality.

A factor that is likely to act as a barrier when working with clients is the lack of an explicit sexual vocabulary (Gray & House, 1991). How one handles the difference between client and social worker’s vocabulary, and the social worker’s feeling around words, technical and slang, is essential in order to increase the comfort level of counselors (Abramowitz, 1971). Experiences indicate that one's own attitude's towards sex is one major inhibitor to the integration of sexuality into the practice of professionalism (Bradshear, 1978). Identifying values, opinions and knowledge on topics related to sexuality, can help students prepare for their future when they might face sexual decisions of their own or their clients. Most counselors need some special training as they have brought to their professional role the old societal taboos and preconceived ideas about sex (Bradshear, 1978).

Human Sexuality in Social Work Education

Social workers work with clients and are often expected to have knowledge of and a comfort with the subject of human sexuality. Yet social work graduate education appears to
remain a neglected field for teaching and studying human sexuality. As Tanner (1974) points out, there is nothing more important than incorporating the teaching of human sexuality into the graduate professional education of social work. The lack of providing professional training may be due to the lack of faculty preparation and comfort with the material, social taboos and possibly the lack of perceived need.

Gray and House (1996) suggested that counselor educators choose to either avoid sexual issues, postpone them, tread lightly over them, or face them head on and discuss how they relate to their students and clients. Regardless, what method chosen effects the quality of the education. It is suggested by Griffin (1995) that human sexuality be an integral part of the graduate education, rather than risk that students acquire knowledge, skills, and attitudes regarding sex predominately through a process of osmosis. Most students and trainees draw from this knowledge when needing to discuss matters with patients relating to sexuality or the problems manifested from sexual matters.

Hallowitz and Shore (1978) note that a majority of graduate schools of social work now offer at least one course in human sexuality, but these researchers think that
it is amazing that for so many years social work programs have avoided this aspect in its professional practice and in training social work students. Myers (1982) and Norton (1982) state that only a few graduate programs include a human sexuality course as a requirement. A 1971 study conducted by Abramowitz, found graduate social work students unprepared to help clients with sex-related concerns because their own knowledge was no greater than their clients.

Hallowitz and Shore (1978) suggest that human sexuality courses should identify the issues in the content of the course and must be an integral part of the social treatment curriculum. The goal of the coursework is to produce competent social workers that are able to assess and treat sexual functioning just as they would other aspects of human functioning. Educators should provide social work graduate students with sufficient background knowledge about certain sexuality issues, such as homosexuality, so that the clients do not have to educate their counselors. Hallowitz and Shore (1978) also emphasize incorporating the issues of human sexuality into the other areas of social work such as, policy, corrections, institutional care, planning, administration and community organization.

Becvar and Becvar (1988) reported that sexuality is a part of any family relationship, and concerns of sexuality
are frequently one of several presenting problems encountered by family counselors. In dealing with the establishment of a sexuality curriculum, Koch (1994) suggested that little is known about the context, objectives, structure, process, and outcomes of sexuality education in higher education (Gray & House, 1996). In addition, Moglia (1994) suggests that faculty training, ethics, and interdisciplinary cooperation are important considerations in the teaching of human sexuality in graduate or other higher educational settings (Gray & House, 1996).

As noted in their article, Gray and House (1996) agree with Brock and Barnard (1987) that couple and family counselors must communicate with clients; that they are comfortable with the topic of sexuality; and that speaking of sexuality is acceptable in the counseling setting. Gray and House (1996) claim that a client's sexual decision making, behaviors, feelings and health deserve effective responses from social work professionals. Bradshear (1978) emphasizes that sex education for the professional could help alleviate some of this distress. Gray and House (1996) strongly encourage counselor educators to advocate for the inclusion of sexuality education in their preparation programs.
Human Sexuality Attitudes Among Social Workers

It is important for social workers to understand their attitudes, feelings and judgments about sexuality, have a basic knowledge of the issues involved, and develop the necessary skills needed for addressing the concerns of the client. Stayton (1998) suggests that anxiety, moralizing, and emotionality surround the field of human sexuality. There are several areas that contribute to the anxiety and discomfort of the social workers in dealing with human sexuality issues.

Stayton (1998) discusses the five areas that contribute to counselor anxiety and discomfort as sexual trauma, sexual ignorance, sexual secretiveness, sex-coded roles and sexuality and the aging process. It is explained that while the social worker is placed in a position of being the "expert", they may know less, be more secretive, ignorant, and traumatized than the client. Even if the social worker is knowledgeable about sexuality issues, he or she may be too anxious to communicate and intervene effectively to help the client.

Sexuality Issues in Social Work

Iasenza (1989) reports that education is a process of socialization that incorporates the values of the dominant
culture. Therefore, it is implied that graduate training curriculums are influenced by heterosexism and homophobia bias in our society. Oles, Black, and Cramer (1999) note that numerous writers have expressed concerns about the extent of homophobia among social workers and its negative impact on therapeutic effectiveness and client satisfaction. Oles, Black, and Cramer (1999) imply that professional social work education should incorporate theoretical and practical knowledge about gay and lesbian persons.

In order for social workers to be effective in working with homosexual issues, they must be familiar with and become sensitive to the special needs of this population (Buhrke, 1989). The Council on Social Work Education’s (CSWE) Curriculum Policy statement requires all accredited schools of social work to include such content as homosexuality (CSWE, 1994). However, social workers are required to examine their own biases. Homosexuality is just one example of a human sexuality issue and is used as an example within this literature review.

Gillman and Whitlock (1989) broadly define human sexuality as a function of the total personality, especially to feelings of self-worth. These researchers further justify the need for social work training in human sexuality based on the occurrences of child sexual abuse. It is the
responsibility of the social worker to provide child sexual abuse intervention and treatment in the various settings in which he or she works, such as child welfare settings and schools. Social workers must be prepared with a foundation of knowledge and skills in order to better understand the problems of child sexual abuse.

Further, Gillman and Whitlock (1989) emphasize the nature of child sexual abuse and the possible negative effects on the psychosexual development of a child, as a strong case for sexuality education among social workers. Their study revealed only a few of the participating county social workers reported previous formal education in human sexuality. The county social workers that did receive education in human sexuality still felt inadequately prepared to provide effective intervention in sexuality issues (Gillman & Whitlock, 1989).

In order for social workers to provide effective interviewing, assessments and treatment plans, they must be aware of their own attitudes, knowledge, and comfort with sexual content (Gillman & Whitlock, 1989). Details gathered in session are sometimes very illustrated, painful, and unmerciful. If the social worker does not have the awareness, it will influence the interactions with clients. The social worker will be left without a complete
understanding of what really happened and without insight into the clients' needs, emotionally and physically. Not only should a human sexuality course educate about the needs of clients but also those of the social worker.

Models for Human Sexuality Education.

Hallowitz and Shore (1978) express three basic elements to be addressed in teaching human sexuality: (1) the knowledge base of biology, physiology, alternative lifestyles, and different kinds of sexual behavior; (2) the affective component or how it feels to deal with sexual issues as client and therapist; and, (3) specific skills in assessing and treating sexual problems. For example, dealing with the affective component will allow the therapist to assess their own belief system and avoid imposing them on others. This allows the therapist to work with clients in developing their own value system and behaviors that are right for them.

Sexual behavior has been studied in numerous scientific disciplines. Social sciences such as sociology and psychology, all contribute to the understanding of sexual behavior (Hogben & Byrne, 1998). These researchers explain that individual differences in human sexual expression are either physiological or experiential determinants and
psychologists usually use some combination of learning theory as an explanatory framework, and a source of hypothesis and methodology.

Current social learning theory such as observational learning, incorporates elements of operant conditioning and social cognition (Hogben & Byrne, 1998). In 1982, Rotter noted that behavior is goal directed and emphasized those expectations of reward and perceived values of rewards as the basis for modeling one’s behavior after that of others (Gray & House, 1996). Sexuality researchers and theorists continuously utilize social learning theory (Hogben & Byrne, 1998).

There is also the systems approach to human sexuality. The systems approach bases its theory on the belief that. . . “a system must be understood as a whole and cannot be comprehended by examining its individual parts in isolation from each other” (Jurich & Myers-Bowman, 1998, p.8). For example, in a clinical setting a social worker cannot accurately assess the whole individual without taking into account the aspect of human sexuality. Human sexuality cannot be ignored. Hallowitz and Shore (1978) note that almost every person with whom social workers deal with, have had their needs for exploring pertinent issues of sexuality ignored or denied. Just because a social worker chooses not
to acknowledge an individual's sexual needs, does not mean that they do not exist.

Hypotheses of Study

The current study assesses the attitudes and amount of knowledge social work graduate students have at a California University in human sexuality. It is an exploratory study used to evaluate the attitude & level of knowledge, social workers currently have prior to graduation. The study examined the relationship between the variables of age, previous sex education, marital status and the amount of human sexuality knowledge.

The researcher hypothesized that graduate social work students have a low level of sexual knowledge based on the absence of a human sexuality course in the core curriculum. Therefore the students who have not had a human sexuality course in the core curriculum may find themselves having difficulty in clinical situation. As demonstrated in the literature section, Human Sexuality in Therapy, Bradshear's 1978 research describes a study of graduate students in clinical social work and found that the students encountered to some degree, sexual behavior from their clients in counseling situations. Students described these experiences as mildly to markedly discomforting. This discomfort was
most likely communication to the clients, giving a confused or a negative message about the client’s sexuality (Bradshear, 1978).

The quantitative procedures describe the concept of human sexuality knowledge and possible constructs. The potential independent variables measured were gender, sexual orientation, marital status, previous human sexuality course, and age. The dependent variables were the attitudes and amount of human sexuality knowledge.

The overall research question for this exploratory study is as follows: What are the attitudes and the amount of human sexuality knowledge among social work graduate students at a California University? It is hypothesized that:

1) Students who have not has a human sexuality course will have less knowledge in human sexuality because they have not been offered a human sexuality course while in graduate school.

2) Students who have had a previous human sexuality course in high school/undergraduate will have more knowledge than students who have not had a human sexuality course.

3) Students who are older in age are going to have more knowledge than those who are younger.
4) Students who are married are going to have more knowledge than those who are not married.

5) Individuals who are homosexual/bisexual will be more knowledgeable in human sexuality.

6) Individuals who have had a previous course before will feel more prepared to discuss human sexuality issues with individuals of the same/opposite sex.
CHAPTER THREE

METHOD

Participants

Data were obtained from a sample of full-time and part-time social work graduate students from a California University. There were approximately 180 students from the graduate social work program enrolled in the winter quarter. Both full-time and part-time graduate students were recruited. The total sample size, full-time and part-time students for the winter quarter was 133.

To be included in the study, participants had to be enrolled in a social work graduate program. The sample was chosen because of the study’s purpose to assess the amount of human sexuality knowledge among graduate social work students at the California State University.

Procedures

All data were gathered from self-report surveys. The researcher requested permission from the social work faculty to administer the questionnaire in the classroom. Once permission was granted, the researcher scheduled a time and day to administer the questionnaire.

Upon administration of the questionnaire, the researcher explained the purpose and procedure of the study
to the students. Students were given the general instructions, an informed consent (see Appendix A) form and a statement of confidentiality. Subjects were asked to place a check mark in a box acknowledging the purpose and nature of the study and informed consent. The students returned the informed consent to the box placed on the researcher’s table where they received the questionnaire. If subjects refused to participate in the study, they were asked to sit quietly and were not penalized by the researcher or the class professor.

A box was placed at the edge of the researcher’s table in which all completed forms were placed by the subjects. Once questionnaires were placed in the box, a debriefing statement (see Appendix B) was given to subjects. After questionnaires were administered, the researcher took the completed questionnaires out of the box and assigned a code that correlated to the cohort, the subject’s year in the social work program and a subject number.

Once data were entered into the computer, the confidentiality of the individual participants was maintained by keeping the data in a locked file. Any information that was obtained in connection with this study and that could be identified with the participant, remained
confidential and could only be disclosed with participant’s permission or as requested by law.

Anonymity was secured by not having any subject-identifiable information on the instrument. It was only after the questionnaire had been administered and completed by all subjects that a code was assigned. The code only identified the cohort number and an anonymous subject number.

Instruments

**Demographic Survey.** Before completing questionnaires related to study variables, students were asked to complete a short demographic. Variables included gender, age, ethnicity, marital status, sexual orientation, previous course work and where, preparation to discuss human sexuality issues and with clients of the same and opposite gender, current year in graduate program, enrollment in graduate program, cohort and religion.

Marital status, age, sexual orientation and previous course work were chosen as variables that may possibly influence the amount of knowledge students have. Gender, ethnicity, location of course work, feelings of preparation to discuss human sexuality issues and level and type of graduate student served as general demographic variable.
SEX KNOWLEDGE AND ATTITUDE TEST. The instrument used in the present study was the Sex Knowledge and Attitude Test (SKAT: see Appendix C), developed by Harold Leif and David Reed (1979). The instrument assisted in measuring the attitudes and amount of human sexuality knowledge among graduate social work students.

The Sex Knowledge and Attitude Test (SKAT), consists of three parts and is used primarily for group measurement. For the purposes of the study, only the attitude and knowledge portion of the instrument was administered. The SKAT (Lief, 1990; Leif & Reed, 1979) consists of 71 true-false items that are designed to measure “knowledge” and 35 multiple-choice items designed to measure attitudes. The SKAT was designed as both a teaching aid in courses dealing with human sexuality and as a research instrument for the social sciences. The administration of the test was approximately 25 minutes. The SKAT is known to have face and content validity (Buros, 1978), however limited due to lack of research.

Human Sexuality Knowledge Test. The knowledge portion of the SKAT was designed to be a research tool as well as a classroom teaching aid. Seventy-one of the true-false questions were chosen for their ability to measure human sexuality as designated by the authors as questions all
medical or graduate students should know and could serve as a focal point in lecture or group discussion. Past studies using the SKAT have indicated that at least ten percent failed to correctly answer. (Leif & Reed, 1979). The items included in the fifty questions were selected based on the topic areas of physiological, psychological and social aspects.

The sex knowledge test is considered to be valid based on the fifty items having not only face and content validity, but correct psychometric properties as well. Based on face validity, the knowledge section of the SKAT appears to measure what it is expected to measure. Two other human sexuality scales were considered for the purpose of this study however were too medically based and not usable in the current setting.

**Attitude Test.** The attitudinal questions were made up of four scales. The four measures were Heterosexual Relations (HR), Sexual Myths (SM), Autoeroticism (M), and Abortion (A). The four scales contain a total of 35 questions with the HR scale containing 9 of the items, the SM scale has 9 items, the M scale has 7 items and the A scale has 10 items. A total attitudinal score may be calculated, however has not been useful for the purpose of this study.
The heterosexual scale (Leif & Reed, 1979) deals with an individual’s general attitude towards pre and extramarital heterosexual encounters. Individuals who obtained higher scores regard premarital intercourse as acceptable and view extramarital relations as potentially benefiting, rather than harming, the marital relationships of the persons involved. Low scores imply a conservative or disapproving attitude toward pre and extramarital relations.

The Sexual Myth Scale reveals an individual’s acceptance or rejection of commonly held sexual misconception. High scores indicate a rejection of misconceptions and low scores indicate an acceptance of these misconceptions.

The Autoeroticism Scale discloses the general attitudes toward the permissibility of masturbatory activities. High scores indicate autoerotic stimulation as a healthy means of relieving tension and attaining sensory pleasure. High scores also imply neither gender should be prohibited by their parents from masturbating. Low scores suggest views in which masturbation is an unhealthy practice and should be prohibited by parents.

The Abortion scale measures the individual’s general social, medical, and legal feelings about abortion. High scores show that abortion is viewed as an acceptable form of birth control, which should be permitted. Low scores
indicate abortion as a form of murder, which should be kept under strict medical supervision.

The validity of the attitudinal section of the SKAT is limited due a limited amount of research and the development of attitudinal scales in human sexuality. The SKAT Manual (Leif & Reed, 1979) stated construct validity of the attitudinal scales, however, no evidence was reported. Each scale has internal consistency reliability but there are no numbers to back it up.

The alpha coefficient for the attitudinal scale was 0.8656 and the alpha coefficient for the knowledge scale was 0.6896.
CHAPTER FOUR
RESULTS

Descriptive Statistics

The average respondent was a 24 years-old, Caucasian, Catholic, heterosexual, married, female in her first year of part-time graduate school. The total sample size of the study was 133 graduate social work students from a California State University. Demographic characteristics of the sample are summarized in Appendix D.

Ages ranged between 22 and 59 years old with 7.5% of the sample 24 years old. The second highest age groups in the sample were at 27 and 44 years old, comprising 6.0% of the sample. The third highest age groups in the sample were at 25, 36, 43, and 45 years old, comprising 4.5% of the sample. The fourth highest age groups in the sample were at 28, 29, 38, and 41 years old, comprising of 3.8% of the sample.

The sample consisted of 56 (42.1%) first-year students, 54 (40.6%) second-year students, and 23 (17.3%) third-year students, with a total of 63 (47.4%) enrolled full-time and 70 (52.6%) part-time. There were 109 females (82%) and 24 males (18%). Out of 133 graduate students 10 were African American (7.5%), four were Asian/Pacific Islander (3.0%), 40
were Hispanic/Latino (30.1%), one was Native American
(0.8%), 75 were Caucasian (56.4%), only two as Other (1.5%)
and one missing element. Approximately 30.1% were of the
sample were Catholic, 18.0% Protestant, 1.5% Jewish, 48.1%
other and 2.3% failed to report their religion. Of the 133,
66 were married (49.6%), 33 were not married (24.8%), 23
divorced/widowed (17.3%), and 11 cohabitating (8.3%). The
sexual orientation of the sample consisted of 125
heterosexual (94.0%), five homosexual (3.8%) and three
bisexual (2.3%).

Of the sample, 83 (62.4%) of the students had taken a
human sexuality course in the past, and 50 (37.6%) had not
taken a course. The majority of the sample took a human
sexuality course in undergraduate school. The remaining
sample took their courses elsewhere: high school (6.8%),
grade school (1.5%), graduate school (3.8%), other (0.8%)
and 36.8% of the sample did not report a location.

When asked if they thought they were prepared to
provide human sexuality counseling, 71.4% reported they did
and 28.6% did not. Of the sample, 91.7% also indicated they
were prepared to discuss human sexuality issues with clients
of the same sex and 65.4% disclosed they were prepared to
discuss human sexuality issues with clients of the opposite
sex.
Testing of Hypothesis

To test whether or not human sexuality knowledge was different depending on marital status, an Anova was run. Results showed that knowledge differed among groups, 
\[ F(1,3)=6.447, p=.000 \]. Specifically, a significant mean difference between married and not married at 0.046. The mean difference between married and divorced/widowed was 0.422, between married and cohabitating was 0.103. There was however a significant mean difference at the .05 level between not married and divorced/widowed at 0.004 and between not married and cohabitating at 0.001.

To test whether or not attitudes of human sexuality were different depending on marital status, an ANOVA was run. Results showed that attitudes differed among groups, 
\[ F(1,3)=3.782, p=.012 \]. Attitudes between marital groups indicated that the mean difference for married and not married couples was 0.888, between married and divorced/widowed was 0.075 and between married and cohabitating was 0.214. Specifically, the mean difference was significant at the .05 level between the not married and the divorced/widowed at 0.031.

To test whether or not knowledge, previous human sexuality course and the total calculated attitudes were
different, a t-test was run. Results showed no significant mean differences between the total attitude score with or without a human sexuality course. Specifically, the attitude was $t=(1, 127) = -0.600, p= .550$. Further results indicated no significant mean differences between the total knowledge and previous human sexuality course. Specifically, the knowledge was $t= (1, 127) = -0.737, p= 0.462$.

Pearson-$r$ correlations were run between the different variables of age, marital, previous course, preparation, religion, and attitudes towards abortion (A), heterosexual relations (HR), sexual myths(SM) and masturbation (M).

Significant correlations were found between age and preparation ($r= -0.184, p=< .05$), age and heterosexual relations ($r=0.159, p=< .05$), and age and sexual myths ($r=0.192, p=< .05$). Additionally, significant correlations between marital status and religion ($r=.217, p=< .01$), marital and heterosexual relations ($r=.202, p=< .05$), marital and sexual myths ($r=.227, p=< .01$), and marital and masturbation ($r=.205, p=< .05$) were found. Lastly, significant correlations were found between religion and sexual myths ($r=.175, p=< .05$), as well as between religion and masturbation ($r=.155, p<.05$).
CHAPTER FIVE
DISCUSSION

The purpose of the study was to assess the attitudes and knowledge the graduate social work students have in human sexuality. Based on the absence of a human sexuality course at the California University social work graduate program, it was estimated that a large portion of the sample would demonstrate a lack of knowledge in the area of human sexuality. Results indicated that in the overall sample, an increased amount of knowledge in human sexuality was demonstrated.

Some identified variables considered to influence knowledge and attitude were age, marital status, and previous participation in a human sexuality course. The results of the study indicated that students who were older, married and who had previously taken a human sexuality course did show more human sexuality knowledge than younger members of the sample. The increase in knowledge for these variables may be due in part to the researcher's assumption that with age comes wisdom, with marital status comes a familiar partner and therefore more sexual experimentation, and having taken a previous human sexuality course would result in increased subject knowledge.
Results of the attitude inventory indicated that the older the student the more acceptable premarital intercourse and viewed extramarital relations as potentially beneficial, rather than harming, the marital relationships of the persons involved. The older students were also more likely to reject misconceptions of human sexuality, see masturbation as an unhealthy practice which should be prohibited by parents and see abortion as a form of murder which should be kept under strict medical supervision.

The students who were married viewed premarital intercourse as acceptable and viewed extramarital relations as potentially benefiting, rather than harming, the marital relationships of the persons involved. The married students were more likely to reject sexual misconceptions, view masturbation as a healthy means of relieving tension and attaining sensory pleasure as well as, imply neither gender should be prohibited by their parents from masturbating.

Those students who viewed abortion as an acceptable form of birth control, which should be permitted whenever desired by the mother, interestingly view premarital intercourse as acceptable and view extramarital relations as potentially benefiting, rather than harming, the marital relationships of the persons involved. Those students who find premarital intercourse acceptable and extramarital
relations as benefiting also reject sexual misconceptions and find masturbation as a healthy means of relieving tension and attaining sensory pleasure and neither gender should be prohibited by their parents from masturbating. As a whole, those students who demonstrated higher scores on the heterosexual relations, sexual myths, and autoeroticism scales all demonstrated a higher level of knowledge in human sexuality.

Limitations

The limitations found in the study exist within the questionnaire. The questionnaire was last revised in 1972, which may have greatly influenced the student responses. Numerous verbal and written comments were made in regards to the outdated questions within the knowledge and attitude sections of the SKAT. Three students particularly found the contents of the test as inappropriate and refused to participate. Which in turn brings to mind the question, "How comfortable are they with human sexuality issues and how will that influence their effectiveness in therapy?" Once again we are brought back to the same adage, do counselors choose to ignore that which they are not comfortable discussing? Just because you don't talk about it, doesn't mean it does not exist. Again, it is essential
that social workers are not only knowledgeable in human sexuality but also their attitudinal biases.

Another limitation lies in the possibility of self-report bias. As graduate students in social work, the sample may have wanted to appear more acceptable of deviations of the norms in order to be perceived as non-judgmental and accepting. Perhaps if an increased liberal and accepting view was demonstrated, the graduate students may be perceived as more effective in providing more diverse services to clients.

This study was also limited by the time needed to complete the questionnaire. Although the questionnaire was estimated at 25 minutes to complete, most students averaged 30 to 35 minutes. The graduate students often made verbal comments regarding the length of the test and were observed to look ahead as to see how many questions were left to answer. The time it took to complete the test may have influenced the accuracy of the answers. For example, once a student realized he/she was the last to complete the questionnaire, the student was observed quickly writing true answers to questions without reading them. That particular questionnaire was removed from the study.
Conclusion

Results of the study contradict the earlier predictions by the researcher. The results indicate that the graduate students are more knowledgeable in human sexuality regardless of the presence of a human sexuality course within the California University graduate social work program. Additional research is needed to determine whether graduate students draw their attitudes from their general attitudes instead of based in knowledge. Further, much more research is needed in order to determine the human sexuality courses being provided within the graduate schools of social work as well as, what is being done by graduate students and clinicians in order to prepare themselves to be knowledgeable in the area of human sexuality.
APPENDIX A:

INFORMED CONSENT
APPENDIX A

Study of Human Sexuality Knowledge

Informed Consent

The study in which you are about to participate is designed to investigate the amount of human sexuality knowledge graduate social work students have at California State University, San Bernardino. Denette Wilson is conducting this study under the supervision of Ms. Jette Warka, Loma Linda University. The Department of Social Work subcommittee of the Institutional Review Board at California State University, San Bernardino, has approved this study. The university requires that you give your consent before participating in this study.

In this study you will be asked to respond to several true-false items. The task should take about 15 to 20 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion in the Spring Quarter of 2001 through the Pfau Library at California State University, San Bernardino or by contacting the Department of Social Work at (909) 880-5100.

Your participation in this study is entirely voluntary. You are free to withdraw at any time during this study without penalty. When you complete the task, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask you not to discuss this study with other students.

If you have any questions about the study, please feel free to contact Denette Wilson or Janet Chang, Ph.D. at (909) 880-5184.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place check mark here

Today's date: 40
APPENDIX B:

DEBRIEFING STATEMENT
APPENDIX B

Study of Human Sexuality Knowledge

Debriefing Statement

The study you have just completed was designed to investigate the amount of human sexuality knowledge graduate social work students have at California State University, San Bernardino. Often social worker’s are not educated in the area of human sexuality and therefore, find it difficult to work with clients on sexual issues in therapy. We are particularly interested in exploring the present level of human sexuality knowledge graduate social work students have prior to completing the Master’s of Social Work program.

Thank you for your participation and for not discussing the contents of the true-false items with other students. If you have any questions about the study, please feel free to contact Denette Wilson or Janet Chang, Ph.D. at (909) 880-5184.
APPENDIX C:

SEX KNOWLEDGE AND ATTITUDE TEST (SKAT)
SEX KNOWLEDGE AND ATTITUDE TEST
(S. K. A. T.)

A TEST ON KNOWLEDGE ABOUT AND ATTITUDES CONCERNING SEXUAL BEHAVIOR.

Second Edition
(REvised 1972)

Division of Family Study
Department of Psychiatry
University of Pennsylvania
School of Medicine
4025 Chestnut Street
Philadelphia, Pennsylvania
19104

HAROLD I. LIEF, M.D.      DAVID M. REED, Ph. D.

THIS TEST, OR ANY PARTS THEREOF, MAY NOT BE REPRODUCED IN ANY FORM WITHOUT PERMISSION OF THE AUTHORS.
APPENDIX C (continued)

PART I: ATTITUDES

Please indicate your reaction to each of the following statements on sexual behavior in our culture, using the following alternatives:

A. Strongly agree
B. Agree
C. Uncertain
D. Disagree
E. Strongly disagree

Please be sure to answer every question.

1. The spread of sex education is causing a rise in premarital intercourse.
2. Mutual masturbation among boys is often a precursor of homosexual behavior.
3. Extramarital relations are almost always harmful to a marriage.
4. Abortion should be permitted whenever desired by the mother.
5. The possession of contraceptive information is often an incitement to promiscuity.
6. Relieving tension by masturbation is a healthy practice.
7. Premarital intercourse is morally undesirable.
8. Oral-genital sex play is indicative of an excessive desire for physical pleasure.
9. Parents should stop their children from masturbating.
10. Women should have coital experience prior to marriage.
11. Abortion is murder.
12. Girls should be prohibited from engaging in sexual self-stimulation.
13. All abortion laws should be repealed.
14. Strong legal measures should be taken against homosexuals.
15. Laws requiring a committee of physicians to approve an abortion should be abolished
16. Sexual intercourse should occur only between married partners.

17. The lower-class male has a higher sex drive than others.

18. Society should offer abortion as an acceptable form of birth control.

19. Masturbation is generally unhealthy.

20. A physician has the responsibility to inform the husband or parents of any female he aborts.

21. Promiscuity is widespread on college campuses today.

22. Abortion should be disapproved of under all circumstances.

23. Men should have coital experience prior to marriage.

24. Boys should be encouraged to masturbate.

25. Abortions should not be permitted after the twentieth week of pregnancy.

26. Experiences of seeing family members in the nude arouse undue curiosity in children.

27. Premarital intercourse between consenting adults should be socially acceptable.

28. Legal abortions should be restricted to hospitals.

29. Masturbation among girls is a frequent cause of frigidity.

30. Lower-class women are typically quite sexually responsive.

31. Abortion is a greater evil than bringing an unwanted child into the world.

32. Mutual masturbation in childhood should be prohibited.

33. Virginity among unmarried girls should be encouraged in our society.

34. Extramarital sexual relations may result in a strengthening of the marriage relationship of the persons involved.

35. Masturbation is acceptable when the objective is simply the attainment of sensory enjoyment.
APPENDIX C (continued)

PART II: KNOWLEDGE

Each of the following statements can be answered either true or false. Please indicate your position on each statement using the following alternatives:

T. True  F. False

Be sure to answer every question.

1. Pregnancy can occur during natural menopause (gradual cessation of menstruation).
2. Most religious and moral systems throughout the world condemn premarital intercourse.
3. Anxiety differentially affects the timing of orgasm in men and women.
4. A woman does not have the physiological capacity to have as intense an orgasm as a man.
5. There is no difference between men and women with regard to the age of maximal sex drive.
6. Social class is directly correlated with the frequency of incest.
7. The use of the condom is the most reliable of the various contraceptive methods.
8. The incidence of extramarital intercourse is constant for males between the ages of 21 and 60.
9. Nearly half of all unwed girls in America have sexual intercourse by age 19.
10. There are two kinds of physiological orgasmic responses in women, one clitoral and the other vaginal.
11. Impotence is almost always a psychogenic disorder.
12. Tranvestitism (a form of cross-dressing) is usually linked to homosexual behavior.
13. There was as much premarital coitus a generation ago as there is now.
14. Sexual attitudes of children are molded by erotic literature.
15. In some successful marriages sex adjustment can be very poor.
16. Homosexuals are more likely to be exceptionally creative than heterosexuals.
   A woman who has had a hysterectomy (removal of the uterus) can experience orgasm during sexual intercourse.
17. Homosexuality comes from learning and conditioning experiences.
18. In responsive women, non-coital stimulation tends to produce a more intensive physiological orgasmic response than does coitus.
19. Those convicted of serious sex crimes ordinarily are those who began with minor sex offenses.
APPENDIX C (continued)

21. One of the immediate results of castration in the adult male is impotence.
22. The body build of most homosexuals lacks any distinguishing features.
23. Masturbation by a married person is a sign of poor marital sex adjustment.
24. Exhibitionists are latent homosexuals.
25. A woman's chances of conceiving are greatly enhanced if she has an orgasm.
26. Only a small minority of all married couples ever experience mouth-genital sex play.
27. Impotence is the most frequent cause of sterility.
28. Certain foods render the individual much more susceptible to sexual stimulation.
29. A high percentage of those who commit sexual offenses against children is made up of the children's friends and relatives.
30. A higher percentage of unmarried white teenage girls than unmarried black teenage girls in the United States have had intercourse with four or more partners.
31. The attitude of the average American male towards premarital intercourse is shaped more by his religious devoutness than by his social class.
32. In teaching their daughters female sex roles, middle-class mothers are more affected by cultural stereotypes than mothers in other social classes.
33. In most instances, the biological sex will override the sex assigned by the child's parents.
34. The onset of secondary impotence (impotence preceded by a period of potency) is often associated with the influence of alcohol.
35. Nursing a baby usually protects the mother from becoming pregnant.
36. In our culture some homosexual behavior is a normal part of growing up.
37. Direct contact between penis and clitoris is needed to produce female orgasm during intercourse.
38. For a period of time following orgasm, women are not able to respond to further sexual stimulation.
39. In some legal jurisdictions artificial insemination by a donor may make a woman liable to suit for adultery.
40. Habitual sexual promiscuity is the consequence of an above-average sex drive.
41. Approximately one out of three adolescent boys has a homosexual experience leading to orgasm.
42. Impotence in men over 70 is nearly universal.
43. Certain conditions of mental and emotional instability are demonstrably caused by masturbation.
44. Women who have had several sex partners before marriage are more likely than others to be unfaithful after marriage.
45. The emotionally damaging consequences of a sexual offense against a child are more often attributable to the attitudes of the adults who deal with the child than to the experience itself.
APPENDIX C (continued)

46. Sexual maladjustment is the major cause of divorce.

47. Direct stimulation of the clitoris is essential to achieving orgasm in the woman.

48. Age affects the sexual behavior of men more than it does women.

49. The circumcized male has more trouble with ejaculatory control than the uncircumcized male.

50. More than a few people who are middle-aged or older practice masturbation.

51. Varied coital techniques are used most often by people in lower socioeconomic classes.

52. Individuals who commit rape have an unusually strong sex drive.

53. The rhythm method, (refraining from intercourse during the six to eight days midway between menstrual periods), when used properly is just as effective as the pill in preventing conception.

54. Exhibitionists are no more likely than others to commit sexual assaults.

55. The ability to conceive may be significantly delayed after the menarche (onset of menstruation).

56. Many women erroneously consider themselves to be frigid.

57. Menopause in a woman is accompanied by a sharp and lasting reduction in sexual drive and interest.

58. The two most widely used forms of contraception around the world are the condom and withdrawal by the male (coitus interruptus).

59. People in lower socioeconomic classes have sexual intercourse more frequently than those of higher classes.

60. Pornographic materials are responsible for much of today's aberrant sexual behavior.

61. For some women, the arrival of menopause signals the beginning of a more active and satisfying sex life.

62. The sex drive of the male adolescent in our culture is stronger than that of female adolescent.

63. Lower-class couples are generally not interested in limiting the number of children they have.

64. Excessive sex play in childhood and adolescence interferes with later marital adjustment.

65. There is a trend toward more aggressive behavior by women throughout the world in courtship, sexual relations, and coitus itself.

66. Sometimes a child may have cooperated in or even provoked sexual molestation by an adult.

67. LSD usually stimulates the sex drive.

68. Seven out of ten parents desire formal sex education in the schools.

69. For every female that masturbates four males do.

70. Douching is an effective form of contraception.

71. Freshmen medical students know more about sex than other college graduates.
APPENDIX D

DEMOGRAPHIC SURVEY TABLE OF THE SAMPLE

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REFERENCES


