SEXUALITY AND SOCIAL WORK: PREVALENCE OF HUMAN SEXUALITY IN MSW CURRICULUM

Kara Radecki
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THESIS

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SEXUALITY AND SOCIAL WORK: PREVALENCE OF HUMAN SEXUALITY IN MSW CURRICULUM

A Thesis

by

Kara Radecki

Approved by:

____________________________

Date

David Demetral, Ph.D., MSW, Committee Chair

____________________________

David Nylund, Ph.D., MSW, Second Reader

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Student: Kara Radecki

I certify that this student has met the requirements for format contained in the University format manual, and that this thesis is suitable for shelving in the Library and credit is to be awarded for the thesis.

______________, Graduate Coordinator  __________________________
Teiahsha Bankhead, Ph.D., LCSW  Date

Division of Social Work
Sexuality is a basic aspect of humanity. It is prevalent across the life course and throughout the history of all cultures. Given this premise, it was the researcher’s intent to examine the Master’s of Social Work curriculum at California State University, Sacramento for human sexuality content using an exploratory, quantitative study. 112 MSW students were surveyed using a convenience sampling. They were asked to utilize a Likert scale to rank the relevance of sexuality to twelve different areas/populations that social workers encounter: As hypothesized, MSW students found sexuality to be less significant to some populations. The curriculum was then examined for each of the foundation MSW courses, including practice, policy, diversity, research, and human behavior in the social environment, as well as possible electives. The extent to which those courses included human sexuality content was examined using a Likert scale and respondents were then asked to select in which form(s) that content was delivered. Human sexuality was included in all courses, some more that others, but it is apparent
from the study that more can be done to integrate this important aspect of humanity into the MSW curriculum

_____________________________. Committee Chair
David Demetral, Ph.D., MSW.

_______________________________
Date
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Chapter 1

THE PROBLEM

Introduction

Sexuality is an aspect of individuals and of culture that has existed since the beginning of humankind. Not only is it one of the most basic of human needs, but it also serves as the mechanism for the continuation of the human species. Human sexuality is multidimensional, including basic anatomy and biochemistry, identity, orientation, roles, personality, and more. It is impacted by various levels of culture, ethics, and morals.

The Master of Social Work (MSW) program is meant to prepare students for advanced, self-sufficient, multi-level social work practice with vulnerable life conditions. Social work universally utilizes a perspective which encompasses all aspects of the individual and the environments in which that person lives and has lived.

It is hypothesized that human sexuality is ignored by the MSW curriculum at California State University, Sacramento. Perhaps the core courses discuss the gay and lesbian population, but this researcher believes that all other aspects of this multi-faceted are overlooked by the program.

Background of the Problem

Sexuality is a central part of being human, yet it remains a taboo subject (Logan, 2001). While media and advertisers are using sex to sell their product and entertain the masses, it remains an unspoken, private act. From the “sex talk” that is (hopefully) given to adolescents, to the importance of orgasm in a couples’ sex life, to the existence of sexual minorities- sexuality continues to be an issue that is not discussed in general
society. When it is, it is generally spoken of in the abstract (McCabe, Tanner, & Heiman, 2010).

This societal problem is reflected in social work. In the social work profession there seems to be a tendency to discuss sexuality only when or if a sexual behavior or identity is specifically on the agenda (Hicks, 2008). Even in regards to assisting the gay and lesbian population, the profession was late to join the fight (Poindexter, 1997). In social work curriculum today, the gay and lesbian population is one of many vulnerable groups which professors could chose to include or not include in the Diverse Populations (SWRK 202) course. In other courses sexuality is spoken of in passing or in terms of danger- AIDS, adolescent pregnancy, sexual abuse, etc. Only discussing sexuality in terms of specialized population ignores sexuality as an aspect of all humanity while reinforces the societal expectation that sex is a private matter.

Additionally, social work seems to refuse to think of sex as pleasure (Jeyasingham, 2008), the word “orgasm” is flagrantly absent from the literature and, in the experience of the researcher, from classroom discussion as well. In one notable, unique course, the professor utilized a slideshow presentation of sex-related words. As he read from the list it was fascinating to see the members of the class squirm upon hearing “fisting,” “anal sex,” and even “masturbation.” Despite widespread knowledge that these sex acts exist it was still difficult for social work students to be directly confronted with them.

The lack of sexuality content in MSW curriculum will directly influence the competency of the social workers when they graduate. Clients in every possible field of
social worker can be confronted with sexuality issues. Sexuality is present from before birth (de Graaf & Rademakers, 2006) to up to death and with the invention of modern medicine sex can be enjoyed throughout life (Garrity, 2010). As social workers, we take a pledge to follow a code of ethics with very specific values—service to others, social justice, dignity and worth of person, importance of human relationships, integrity, and competence (National Association of Social Workers, 2008) without having a base of knowledge on sexuality social workers risk violating that code. The next time a professional is confronted with the word “fisting,” it may be in the presence of a client. An obvious look of disgust on a clinician’s face will not benefit the client in the least.

**Statement of the Research Problem**

It was the primary hypothesis of the researcher that the Master’s of Social Work curriculum at California State University lacks concrete, integrated, sexuality content.

**Purpose of the Study**

The purpose of the study was to ascertain which MSW courses contain content related to sexuality, to what extent that information is offered, and in what format. It is the hope of the researcher that this study will result in a greater integration of human sexuality content in the MSW core curriculum and/or a graduate level equivalent of the BSW course of Human Sexuality.

**Theoretical Framework**

Social constructionist perspective is the best orientation for this research due to how well it accommodates the diverse meanings of sexuality while allowing for subjective and objective avenues of inquiry (DeLamater & Hyde, 2001). Because
sexuality is not a constant and is constantly being shaped by social influence the orientation requires fluidity that, for example, essentialist perspectives cannot match.

This perspective holds a few basic premises. One of which is that language provides the basis on which people make sense of the world (DeLamater & Hyde, 2001). People enjoy classifying things and putting labels on them. In the world of sexuality- this could be male, female, homosexual, heterosexual, and others. Actions are also classified into categories- what is acceptable, what is taboo.

Another premise of Social Constructionist perspective is that the reality of everyday life is shared, and that those shared realities can become institutionalized at any level (DeLamater & Hyde, 2001). This is where heteronormativity and homophobia is created. Sexuality is created by culture- society’s dictate what is sexual in terms of behaviors and relations.

Sexuality is broken down into several different aspects it can refer to an act, a category of person, a practice, a gender, and more. As the literature review will further highlight sexuality is not a universal phenomenon. For this reason the researcher utilized a Social Constructionist perspective.

Hypotheses

It is the hypothesis of the researcher that human sexuality is an under-discussed topic in social work education. Because of this, students will not see the relevance of sexuality to certain populations. It is further hypothesized that MSW research participants will report that certain courses cover sexuality content, but the majority of the core courses will contain little or no sexuality content. Through this research, it will be
determined that sexuality isn’t infused throughout the MSW curriculum and that this is an
area that the Division of Social Work at California State University, Sacramento needs to
better addressed.

**Definition of Terms**

The Encyclopedia of Education defines human sexuality as the following:

*Human sexuality*. It “encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its various dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.” (Rodriguez, 2002)

**Assumptions**

For the purposes of this study, there is an assumption that sexuality is applicable to all individuals. This embraces asexuality and those who chose not to live by specific gender roles as well. Individuals live within, interact with, and are influenced by culture, society, and environmental factors- which also are concerned with the construct of sexuality.

**Justification**

As social workers, we live by a code which pledges competence to our clients and to our profession. If there is an aspect of humanity in which we are not fully prepared to work with we are not living by the Code. Further, there should always be a hunger for social workers to learn more and remain proficient in their professional practice we
should always be asking ourselves what we can work on to improve and to better serve our clients.

**Delimitations**

Despite examining the curriculum for sexuality content, the researcher is not seeking to pass judgment on the effectiveness of the curriculum. The Master’s of Social Work curriculum at California State University, Sacramento is accredited by the Council on Social Work, and that organization has alone decides if program curriculum satisfies the educational standards necessary to turn out competent social workers.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

Sex is among the most basic of all human needs alongside air, flood, shelter, water, and sleep (Basic Needs, 2008). Despite this knowledge, honest sex talks remains taboo (Eaklor, 2008). Discussions of various aspects of sexuality are not occurring, whether it is in public, during school, or in therapy. In 1994, the American Surgeon General was forced to step down due to her support for public discussion of masturbation in sex education as an alternative to more risky behaviors (Hogarth & Ingham, 2009). What is concerning is that social work practitioners and educators could be among that population of the ignorant. What is concerning is that we could be accepting or even enforcing that silence.

Sexuality is a construct, which must be examined using a multidimensional framework. Biology, psychology, culture, and more all interact and combine to form a definition of sexuality that is different for each individual. According to the Code of Ethics as put forth by the National Association of Social Workers, there are core values that must be the foundation of a social worker’s purpose (National Association of Social Workers, 2008). The ability to serve clients in regards to their sexuality falls into each of the core values. Additionally, to be an accredited university, social work curriculum must reflect the Curriculum Policy Statement as set forth by the Council on Social Work Education (Council on Social Work Education, 2010). Applying sexuality education by
using the bio-psycho-social perspective in which makes the profession unique satisfies the requirements of the two institutions in regards to our clients’ sexuality.

**Sexuality as Biology**

The best way to understand sexuality is by integrating the social-behavioral variables with the biological (Carpenter, 2010). Sexuality is an aspect of humanity that begins down at the most basic biological level of life— the cellular level. Genetic information is contained in each cell in the human body on twenty-three chromosomes. Of these chromosomes, one set specifically is the sex chromosome, which determines the sex of the fetus (Ashford, Winsten LeCroy, & Lortie, 2006). From approximately seven weeks on, gender of the fetus can be differentiated (Littrell, 2008). At the very beginning of the lifespan, sexuality is involved.

The biological aspects of sexuality are also universal when it comes to the brain structure and brain chemistry. This specific organ is believed to be the origin of love and desire (Jordan & Breedlove, 2004). The brain itself is divided into three major divisions. One of these division, the forebrain (or cerebrum), is what controls sexual activity, among other things (Ashford, Winsten LeCroy, & Lortie, 2006). The hypothalamus, located lower in the brain near the stem, specifically organizes sexual responses and arousal, including the production of the sperm and eggs (Littrell, 2008). This lower part of the brain is considered a part of the “old brain,” which all mammals possess (Inaba & Cohen, 2004) exhibiting that sexuality is one of the most primitive aspects of humanity.

Within the brain, as a portion of the central nervous system, are neurotransmitters—chemicals that send messages between neurons. Similar to drugs, sex causes a release in
neurotransmitters. Most famously is dopamine, called the “reward chemical” (Inaba & Cohen, 2004, p. 62). Other neurotransmitters, including serotonin and norepinephrine, are also released during sex, resulting in an overall feeling of wellbeing and uplifted mood (Katehakis, 2009). While the level of these neurotransmitters may vary between individuals, the existence of this portion of the nervous system is universal among humans.

Hormones also play a large role in the biological aspect of sexuality. Hormones are secreted by glands, which are part of the autonomic system. This system controls the involuntary portions of the body, such as the circulatory system, the digestive system, and the reproductive system (Inaba & Cohen, 2004). One of the more important glands in regards to sexuality is the adrenal gland, which is responsible for the hormones active in arousal (Ashford, Winsten LeCroy, & Lortie, 2006). Sexuality in this context is involuntary, separate from choice or society. It is through evolution that these bodily processes developed— for without the desire to have sex there would be no humanity (Inaba & Cohen, 2004).

**Attitudes**

Sex has existed since the beginning of time as evidenced by the continuation of the human race. Over these years motivations for sex have changed from a procreation tool to a new mode of recreation (Stearns, 2009). Several different variables impact the current status of sexuality in the eyes of society. Therefore, the past issues of prejudice, discrimination, and stereotyping must be examined.
Bringing in the social-behavioral context, attitudes towards sexuality can be traced back to the Greeks and the Romans. In the Greek and Roman languages there were no words for homosexual, heterosexual, or bisexual. There was no notion of normal or abnormal only an opinion on whether or not a person was in control of their desire (Ormand, 2009). While their gods were highly sexual, the true expression of Greek sexuality was far less racy (Stearns, 2009).

The next noticeable change in the approach to sexuality came with the rise of the major world religions. One of the major players in shaping Christianity was a man who would come to be known as Saint Augustine. Among his contributions to the evolution of sexuality was declaring that coitus interuptus and other contraceptive devices was a sin (Clark, 2006). Religions would continue to place restrictions on sexuality even as society continued to change.

The next large step in the evolution of sexuality is what historians call the sexual revolution, occurring almost simultaneously with the feminist movement and civil rights movement. This period created a heightened awareness of all human rights-causing protest when the government interfered with personal aspects of life (Wahab, 2002). The development of contraceptive technology and the increased availability of the pill and intrauterine devices (IUDs) helped lower the cost and the risk of sex (Joyner & Laumann, 2001). These inventions helped to fuel the rise in the sex work trade (Wahab, 2002). With the Women’s Movement as an ally, a realization spread that women could have greater control of their sexual destinies. Roe v. Wade solidified this belief in 1973 and offered yet another alternative where once before there was only marriage (Joyner & Laumann,
There was a raise in sexual activity outside of marriage as well as an increase in the number of sexual partners (Waite & Joyner, 2001). Women were already gaining independence in the labor force and by attending college; marriage became an institution to postpone (Joyner & Laumann, 2001). Novels at the time expressed the rising discontent of the educated, middle class women, including Betty Friedan’s *The Feminine Mystique* (1963). Other than *The Feminine Mystique*, there was an increase of other sex-related text, including *Sex and the Single Girl* (1962), and sex manuals such as *Everything You Always Wanted to Know about Sex but Were Afraid to Ask* by David Reuben (1969). These and others raised the point that if orgasm were the only goal of sex then masturbation would have become the ideal form of it (Melody & Peterson, 2001).

This revolution marked a sexual paradigm shift for society.

The logic from the sexual revolution helped pave the way for the gay rights movement. If the main purpose of sexuality was pleasure, and if each individual should define their own enjoyment (with the consent of their partner), then homosexuals should be able to apply that logic as well (Stearns, 2009). Now, it is beyond the scope of this author and this thesis to give this area of history the in-depth analysis and coverage that it deserves. This is especially so as social work was not always an ally to the gay and lesbian movement (Poindexter, 1997). Also, far is it the job of one ally to decide the most important aspect of the gay rights movement. What appears markedly important to one individual may be just a blip on the radar to another.

A common example is the Stonewall riots of June 1969. On the 27th, police entered the Stonewall Inn- a popular gay bar in the Greenwich Village- to conduct one of
their frequent raids. Normally, the populous would leave the bar quietly or accept an
invitation to ride in a paddy wagon back to the station. For whatever reason, that night
was different, and nearly one thousand rioters took to the streets throwing objects,
starting fires, and publicly displaying same-sex affection (Eaklor, 2008). This was the
beginning of the grass-roots movement and the radicalization of the gay and lesbian
movement. In reality, the gay rights movement started long before as the homophile
movement a group of individuals for the decriminalization and depathologization of
homosexuality (Hall, 2006). The first formally recognized gay civil rights group was
formed in 1924 and called themselves the Society for Human Rights. Other gay and
lesbian organizations the Mattachine Society and Daughters of Bilities, for example,
served as a safe space for the community to discuss and address their survival in a
heterosexual world (Poindexter, 1997). However, it wasn’t until that fateful summer day
that the fire of the movement was started. The beginning of the gay rights movement
could be different depending on the individual. Many variables, such as age or personal
style of advocacy, could impact which dates, groups, or individuals headline the
revolution.

The seventies were a time of pride for the gay and lesbian community. Pride day
became pride month. Homosexuality, once a sociopathic mental illness, was removed
from the DSM in 1973 (Hall, 2006). In 1974, the first two “out” people to run and win
public office were lesbians. A well-known name and an openly gay man, Harvey Milk,
was elected in 1977 to the San Francisco Board of Supervisors. Milk most famously
called for the gay movement to continue after receiving a call from a young person in
Altoona, Pennsylvania - in which his election gave that person, one more person hope. One year later Harvey Milk was murdered by his predecessor (Eaklor, 2008).

The decade of the 1980’s was a tumultuous time for the gay and lesbian community. The beginning of the AIDS epidemic was the disease known as GRID “gay-related immune deficiency”, also discussed as a gay cancer, or the gay plague. Despite eventual medical clarification of how AIDS spreads the association between homosexuality and the disease would stick (Eaklor, 2008). Many organizations sprouted during this time, began their revolution, and continue to grow (Rotello, 1998). The rise of this epidemic placed the gay community in the national spotlight - which didn’t necessarily further their cause although it did push for greater awareness of STIs and methods of prevention.

For the author, the most poignant moment in gay rights history came during middle school in 1998. A young, gay man named Matthew Shephard was tortured, beaten, and left for dead. He would die, alone, tied to a post (Stearns, 2009). As Poindexter recommends to the profession, an accurate understanding of the full history of the movement can put social workers in a stronger position when working with gay and lesbian clients (1997) although a full history can be difficult to envelop.

**Contemporary Sexuality Issues for Social Workers**

**Sexuality through the life course.** Past work in the area of sexuality throughout the life course has commonly left out childhood while leaving the mid-to-later years understudied as well (Carpenter, 2010). In reality, sexuality is an aspect of humanity that cannot be ignored at any stage. Even before birth, touching of the genitals can be
observed (de Graaf & Rademakers, 2006). Other studies show that sexuality does not make its first appearance at puberty, but rather before (Tucker Halpern, 2010). Properly addressing sexuality in the early years can promote healthy sexual practices and a willingness to learn that continues into adulthood (McKee, Albury, Dune, Grieshaber, Hartley, Lumby, & Mathews, 2010). Despite the population social workers are involved with, sexuality is present in all life stages- a general knowledge of that presence would be beneficial to the practitioner and the client.

Childhood is not often thought of in regards to sexuality, save the focus on sexual abuse adults work to maintain the façade of the innocent child (de Graaf & Rademakers, 2006). This area is under researched and there are many disagreements over what is normal sexual behavior (Vosmer, Hackett, & Callanan, 2009). Additionally, the worry of sexualized children has been increasing as it appears they are reaching their sexual milestones too young (King, 2008). McKee et al. (2010), noticing that no attempt had been made to describe what healthy sexual development would look like, brought a group of experts together to brainstorm those elements. One definition for sexual health reads that it is the ability to integrate sexuality into their lives, experience pleasure, and reproduce if they so chose (Halpern, 2010)

Most poignantly stated is that children are curious about sex. It starts young- at around six to eight months children discover their genitals and begin touching them. From approximately thirteen months on, they develop an interest in others’ genitalia (de Graaf & Rademakers, 2006). During this time, they should be encouraged to learn that they are in control of their bodies and their pleasure. The authors state that healthy sexual
development should be fun and light hearted while understanding that sexuality develops in relation to parental and societal values (McKee et al., 2010). These values are easily transmitted: Children are more aware of sex today due to being a highly targeted audience by media and advertisers (Taylor, 2010). Through this socialization, children learn about contexts in which it is appropriate to express sexual behaviors (Vosmer, Hackett, & Callanan, 2009).

Sex is an area that will be discussed throughout a lifetime. Healthy sexual development would ideally allow a child to feel comfortable having relationship discussions and open communication regarding sexuality (McKee et al., 2010). This can be difficult, as discussions of child sexuality is rarely discussed in a positive manner (Taylor, 2010). However, the ability to ask questions is an important learning process that will transfer into their adult lives as well. Later in life as they begin taking place in sexual behavior discussions of desire and preferences will emerge as they encounter mates. An ability to listen and to be appropriately assertive fosters healthy sexuality (McKee et al., 2010).

Puberty and the time of adolescence is the beginning of when society feels more comfortable admitting to sexuality being prevalent in youth. This begins with the pubertal process- typically marked by a growth spurt, the maturation of physiological mechanisms, and the development of secondary sex characteristics (Ashford, Winsten LeCroy, & Lortie, 2006). What is alarming is that menarche, or pubertal maturation, is occurring at a younger age than it did just a couple generations ago. There are several theories for why this is occurring, but the reason for concern is that early maturation in
girls is associated with mood disorders and substance abuse, as well as adolescent pregnancies (Ellis & Essex, 2007). During this time of change, it is important for children to receive education about how their bodies work, as they will often invent their own explanations for sex processes (McKee et al., 2010). Consequences of not-knowing in this area is where sexual harm can become an issue.

While avoiding harm, i.e., unwanted pregnancy, sexually transmitted infections, etc., is still the focus of sexual education for school-aged adolescents, but a push for a more positive view of sexuality has been occurring (Halpern, 2010). McKee et al. (2010) suggests that a portion of healthy sexual development- and the education that goes along with it should include information on how to protect themselves from unwanted sexual activity and an understanding of consent- both when the child is giving consent or being given consent.

Professionals are pushing for more effective sexuality education for good reason. In the United States, adolescents and young adults have the highest rate of unplanned pregnancies among all Western industrialized nations (Moilanen, Crockett, Raffaelli, & Jones, 2010). The primary form of sex education encourages delaying sex, while others give training in contraceptives (Monahan, 2002). There has also been a shift among young people to modify what counts as “sex.” Oral sex, for example, is considered less risky and more sexually acceptable (Tolman & McClelland, 2011). Masturbation would be another option- often considered the safest form of sexual pleasure- but little is known about the role of self-stimulation in relationship to developing sexuality (Hogarth &
Ingham, 2009). Regardless of the mode of orgasm delivery, a better method of communicating with teens and emerging adults on this matter should be explored.

It does appear that before teenagers begin to engage in sexual intimacy they first date or go steady. The media coverage of teens hooking up isn’t as dire as has been reported (Sassler, 2010). Not only is hooking up not necessarily involving intercourse, but typically teens hook up with friends or exes- rarely strangers or acquaintances (Tolman & McClelland, 2011). This highlights the importance of clarifying definitions when working with populations. Regardless, more than one-third of sexually active teens are not using contraceptives (Monahan, 2002) despite the type of sexual intimacy taking place there needs to be a greater awareness that while oral sex (for example) is less risky in terms of pregnancy, Sexually Transmitted Infections (STIs) remain a very real concern.

One aspect of healthy sexual development is sexual subjectivity a sense of entitlement to pleasure and a sense of sexual safety (Tolman & McClelland, 2011). DeLamater and Friedrich (2002) add an additional facet to sexuality that of sexual satisfaction. The authors include an acceptance of one’s own sexuality in that definition, as well as an ability to communicate with your partner regarding sexual preferences and desires (DeLamater & Friedrich, 2002). Both sexual subjectivity and sexual satisfaction come after a period of sexual exploration. Emerging adulthood is often the time when men and women take part in this. For men, this often begins as an adolescent discovering that they can arouse themselves and bring themselves to orgasm. For women, this is less common. They learn about arousal through the context of dating and often do not
discover orgasms until many years later (Hogarth & Ingham, 2009). This entire process
can often take time, including the possibility of numerous relationships and experiences.

The process of sexual maturity continues into adulthood as individuals grow
physiologically and sociologically (Carpenter, 2010). As they make this transition, adults
have options with regard to their sexual lifestyle. They begin venturing into the years that
people commonly marry and become monogamous, but they could also remain single and
choose either celibacy or a casual sex life with one or multiple partners (DeLamater &
Friedrich, 2002).

Growing older does have an impact on sexuality. Life stressors children, career,
and more begin placing stress on the sexual experience within marriages (DeLamater &
Friedrich, 2002). The process of starting a family, for example, is often anxiety inducing
for various reasons. This starts even before the baby is born due to fears about having sex
during pregnancy. Pregnancy also can lead to a change in libido. Abstaining completely
can often cause couples to get out of practice (Foux, 2008). With young children there is
often no time for sex, a lack of privacy, and a depletion of energy due to the pressure of
child care (Kingsberg, 2000). Naturally, this increased stress often leads to interference in
marital intimacy (O’Brien & Peyton, 2002). It’s no wonder that there is a high rate of
divorce among new parents (Foux, 2008). Further, despite an obvious correlation
between sexual satisfaction and marital success (Litzinger & Gordon, 2005) sexuality is
not a focus in couples therapy training, research, or practice (Bulow, 2009). Bulow
(2009) suggests that practitioners assisting clients in this setting explore how sexuality is
complex and often interwoven with other aspects of the individual’s life.
Sexuality also changes with the onset of menopause and andropause. For men and women, the biological changes regarding hormones and sex organs can begin as early as age 40. These changes manifest as the thinning of vaginal walls, a lack of vaginal lubricant, and for men slower erections (DeLamater & Friedrich, 2002). Physical signs of aging, such as gray hairs, wrinkles, and diminished muscle tone (Carpenter, 2010) can impact how a woman perceives her sexuality. Women will often work hard to live up to impossible ideals of beauty in an effort to remain attractive to their mates. Kingsberg (2000) recommends an empowering approach for menopausal women. Up to one-third of their life could be post-menopausal- embracing the situation as freedom from the worries of pregnancy and the restraints of monthly menstruation can be a positive change to their sexual lives (Kingsberg, 2000).

Erectile dysfunction for men is a difficult aspect of aging. As González (2007) points out, if losing their virginity as a teen makes them a man, the inability for a man to perform sexuality would then take their manhood away (González, 2007). This common problem for men is often the reason for heterosexual couples to cease having sex (Kingsberg, 2000). Additionally, when sexual dysfunction occurs there is actually more stress placed on a relationship (Litzinger & Gordon, 2005). This contemporary issue for social workers is broader than biology, but is beyond the scope of the author to explore fully. The invention of Viagra addresses the biological aspect of erectile dysfunction (Bulow, 2009) but as this profession understands human problems there are psychological and cultural concerns that are going unaddressed.
In general, American society has a very negative view of sex and elderly individuals. This is especially so in regards to masturbation (DeLamater & Friedrich, 2002). Sex and older people is seen as abnormal, silly, and embarrassing. However, with the invention of erectile dysfunction medication came the possibility for greater acceptance of sexuality and aging (González, 20007). There are now manuals available through such organizations as Planned Parenthood, hoping that society can accept that everyone grows older and perhaps even embrace the possibility of sexual pleasure and intimacy through old age (Garrity, 2010). Students in human services fields often hold fewer negative beliefs about sexual behaviors of this population (Kane, 2008) but it’s still evident that there isn’t widespread awareness that sexuality persists throughout the life cycle. Kane (2008) further suggests that students become more aware of their own perceptions about this population, as any discomfort the worker has will be conveyed should the subject arise. Sex and pleasure do not end when the biological possibility of reproduction has lapsed and can continue well past the age of 74 (DeLamater & Friedrich, 2002). By social workers having this awareness they will be less likely to dismiss issues of sexuality at any stage in the life course.

**School bullying.** School bullying or peer sexual harassment is an often overlooked problem (Fineran & Bennett, 1998) which has recently come to the forefront of the nation’s attention and should be on the mind of every school-based social worker. On September 23, 2010, Tyler Clementi, an 18-year-old Rutgers student committed suicide after an intimate moment between himself and another male was broadcasted live on the internet (Foderaro, 2010). The battle against this sort of harassment begins at a
young age. In Alameda, California, new tolerance lessons were added to the curriculum after grade school-aged children were heard using gay slurs and teasing those with gay or lesbian parents (Eckholm, 2010). According to the director of Cornell’s Sex and Gender Lab, bullying in schools is less about sexuality and more about gender nonconformity, adding that even straight youth are harassed due to being gender atypical (Savin-Williams, 2005). Despite studies showing that LGB youth experience more victimization in school than non-LGB youth (Saewyc, Skay, Pettingell, Reis, Bearinger, Resnick, Murphy, & Combs, 2006) only ten states require that schools explicitly outlaw bullying related to sexual orientation (Eckholm, 2010). This is an issue that continues to need more attention by social workers and policymakers alike.

**Gay and lesbians in child welfare.** The gay and lesbian population also goes unacknowledged by the child welfare system, despite being present in all areas- including adoption and foster care (Mallon & Woronoff, 2006). Advocacy group do what they can-working to evolve the definition of a family and advance the attitudes towards this marginalized group (Matthews & Cramer, 2006) but gay and lesbian individuals and couples continue to face stigmatization in this area.

With a chronic shortage in foster homes, it should be considered a relief that more and more gays and lesbians are choosing to build families through fostering and adoption (Downs & James, 2006; Matthews & Cramer, 2006). However, one Texas lawmaker stated an opinion that still resides in the minds of many that children need to be protected from homosexuals (Patrick, 2006). Some states still ban gay and lesbian foster parenting, declaring that the population is unfit (Downs & James, 2006). Other stereotypes
perpetuate this belief, such as the falsehood that there exists a correlation between homosexuality and child molestation (Brooks & Goldberg, 2001). Prior to being overturned in 2003, organizations would hide behind state sodomy and cohabitation laws. Now states use rules against unmarried couples adopting (Matthews & Cramer, 2006) which is helpful in a country where gay marriage laws pass and overturn several times over.

In a recent study by Matthews and Cramer (2006) it was found that 60 percent of adoption agencies accept applications from gays and lesbians but there are many steps in the foster/adoptive system which can be an obstacle for applicants- including the organizations being affiliated with a religious sect (Patrick, 2006). Once through the process, there is no evidence that gay couples fare any worse than heterosexuals- in fact they tend to show a higher than average willingness to fill the foster parent role (Downs & James, 2006). Yet, it is obvious that there is a priority system for placement, with heterosexual couples getting first pick, so to speak, and gay or lesbian individuals holding third, with single parents and gay couples in the middle (Brooks & Goldberg, 2001). Yet, there is no evidence that the sexuality of the foster or adoptive caregiver would have an influence on the sexuality of a child- such as the stereotype that a foster son placed with two dads would become more feminine (Patrick, 2006; Brooks & Goldberg, 2011).

This problem continues to exist because no one is challenging the norm of heterosexuality (Riggs, 2007). The child welfare system continues to be a place that is not welcoming to LGB foster parents (Downs & James, 2006) possibly due to the fact that there seems to be a lack of formal policies (Brooks & Goldberg, 2011). Studies have
shown that homophobic attitudes can be changed by offering training on gay and lesbian families and child development, as well as clarifying what state laws dictate in terms of this subject (Matthews & Cramer, 2006). Creating forms that are friendlier to non-heterosexual couples would be another step, such as referring to applicants as “parent 1” and “parent 2” rather than applying a gender-specific title (Patrick, 2006). The dire need for foster parents won’t change soon and excellent careers will be needed. It would behoove private and government agencies to work to make the recruitment and application process friendly for all forms of families. As social worker students, there should be training in how to perform advocacy, so that as students and then as professionals, they can be an advocate for this cause.

**Miscellaneous contemporary issues.** There is a multitude of contemporary issues for social workers in regards to our clients and sexuality. Briefly touched on in other sections, sexually transmitted infections continue to be a very real problem for the sexually active. Sex trafficking is widely believed to occur only in the third worlds. The gay, lesbian, and transgendered community is still a marginalized population in the United States- fighting for the right to marry and to serve their country in the armed forces. They are the victims of mindless hate crimes. It would be near impossible for the researcher to highlight all sexuality related struggles that the profession faces the social work curriculum should take a role in assuring awareness of those struggles.

**Sexuality and Social Work Research and Data**

Sexuality is a central part of being human- revealing our strengths and weaknesses while still being considered a taboo subject (Logan, 2001). In social work
specifically, there seems to be a tendency to discuss sexuality only when or if a sexual behavior or identity is specifically on the agenda (Hicks, 2008) reinforcing the societal expectation, that sex is a private matter. Additionally, social work seems to refuse to think of sex as pleasure (Jeyasingham, 2008) the word orgasm is flagrantly absent from the literature. This difficulty to address such an important topic is not limited to novice social workers and social work students, but to faculty as well (Trotter & Leech, 2003). This absence of a conversation appears to be an issue that permeates all levels of social work education.

When discussed in terms of quantity of content, the availability LGBTQ material is limited. According to Van Voorhis and Wagner (2002), the best place in which to find articles is in special interest collections. In fact, during the decade of 1988-1997, only one-percent of the literature in twelve social work journals touched on non-HIV/AIDS sexuality issues (Van Voorhis & Wagner, 2002) showing that sexuality is commonly focused on the dangers. Social work professionals admit that the fear of being marginalized prevents them from researching and writing articles on LGBT issues (Sperling, 2010). Yet, reducing the concerns regarding this marginalized population to an HIV/AIDS discussion deprives students (Mulé, 2006) and the clients they will eventually work with.

Further, there is little done to examine how particular kinds of knowledge about lesbians and gay men have been produced (Jeyasingham, 2008). The LGB population continues to be a stigmatized group, labeled as unnatural, perverted, and even a threat to children (Logan, 2001). Discussions focus in ways that typically correspond to traditional
gender and sexual stereotypes (McCabe, Tanner, & Heiman, 2010) when in actuality, they need to highlight commonalities and differences, while having a safe space to discover and share one’s own values (Razack, 1999). It has been shown that having an environment prepared for these difficult discussions can help students think outside the box (Gates, 2011). This thinking outside the box in class can provide a framework for assisting clients in the field by removing biases and prejudice from the conversation (Satterly, 2007). Having this dialogue allows a recognition that while some knowledge is overt, other knowledge is excluded because a lack of knowledge can be equated to innocence (Jeyasingham, 2008).

Sex in general is typically spoken of in the abstract (McCabe, Tanner, & Heiman, 2010). When social work practitioners or researchers discuss sex, it is typically within the context of danger, leaving pleasure and desire either irrelevant to the conversation or an additional cause for concern (Jeyasingham, 2008). For example, a discussion of LGB experiences will be limited to exposure to homophobia rather than their sex life (O’Brien, 1999). In fact, the broad spectrum of social work then appears to be largely asexual (Hicks, 2008) especially women, who are expected to reign in their urges (McCabe, Tanner & Heiman, 2010). This limited understanding of sexuality perpetuates the heterosexual norm by which “legitimate” human experiences are understood (Gates, 2001, pg. 73).

To the layperson, sex and sexuality are terms that are difficult to interpret—often the same word is used for a multitude of different things (McCabe, Tanner, & Heiman, 2010). In social work, sexuality is often narrowed to a fundamental identity with a set of
characteristics and social welfare needs. Social work prefers to use a four-sexuality rule-gay, lesbian, bisexual and heterosexual and then holds individuals to that label (Hicks, 2008), and presumptively, those set needs. This focuses on the broad similarities of an oppressed group rather than the complexities of individual’s own narrative (Kane, 2008). Instead, the curriculum must go beyond mere recognition of sexual minority group, and instead focus on knowledge and skill development to better serve this population (Mulé, 2006).

Despite progress in the area of human rights, sexuality appears to be the one major issue that continues to plateau- lagging far behind the emphasis on race and ethnicity (Martin, Messinger, Kill, Holmes, Bermudez, & Sommer, 2009), rather than examining their intersection (Ballan, 2008). Social work students are exposed immediately to the ideal that, as a career, they must be sensitive to human diversity and maintain an anti-oppressive worldview (Kane, 2008). Yet, heterosexuality remains the standard and the assumption (Fish, 2008). For example, domestic violence is taught from a theoretical perspective based on a patriarchal world the women are always the victims and the relationship is always heterosexual (Trotter & Leech, 2003). A 2001 workshop showed that students were willing to acknowledge their beliefs and assumptions about other facets of discrimination- including sexism and ageism. However, when the presenter asked about heterosexism, the students showed active resistance, stating in comment cards that they felt forced to hold those stereotypical beliefs (Chand, Clare, & Dolton, 2001). If the conversation cannot be started, how will progress be made?
Logan (2001) takes the deficit apparent in this area of the curriculum and offers suggestions to improve this area of social work education. She theorizes that theories of power and oppression, historical perspectives, legislation, and values should all be intertwined throughout the academic and practice curriculum (Logan, 2001). Improvement has been made in the theoretical area, with queer theory being integrated into courses much in the same way that feminist theory was when women’s empowerment was the issue at the forefront (Sperling, 2010). Social policy in regards to sexuality continues to be under researched and un-theorized (Logan, 2001).

The problem remains that the majority of the curriculum is weak in the area of sexuality-related content. Most stop at the recognition that sexual minorities exist (Mulé, 2006) while also lumping them into one community with one experience (Jeyasingham, 2008). Social work has a rich history of incorporating the self into practice when helping clients (Gates, 2011) but LGB students and faculty are still invisible in the academic environment (Logan, 2001). The social work educator is effective when proactively dealing with heterosexism and homophobia, rather than waiting for when the political climate demands it (Dafnos, 2007). Coming out in the classroom models wholeness and integrity to students, but institutionalized heterosexuality can cause students to distrust the openly gay educator (Gates, 2011) leaving any possible benefits of their authenticity decimated. The curriculum needs to focus more on knowledge development and on the growth of practice skills (Mulé, 2006).
Social Work Education

National Association of Social Workers. Social work is rooted in a set of core values which guides the profession’s ethical principles. Those values are service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (National Association of Social Workers [NASW], 2008). Sexuality can easily be applied to each of these values, by acknowledging the oppression of the LGBT community or the existence of sexuality as a basic component of humanity. Social workers should aspire to exceed these values in practice.

Yet, according to Mulé (2006) the social workers in the United States are weak in the area of ethically principle practice skills. Social workers carry ethical responsibilities at multiple levels of practice- to clients, to colleagues, to practice settings, as professionals, to the social work profession, and to society as a whole (NASW, 2008). Mulé (2006) did not say at which level the profession is shirking their ethical responsibilities, but at no level would it be acceptable. The graduate social work program should be the principal mode of promoting competence in professionals. Yet, nine percent of educators studied reported not being familiar with sexual orientation issues, thirty percent with gender identity and expression content. Given that there is a relationship between social work educators’ knowledge of LGBT issues and how prepared students are to work with LGBT populations, competence should begin with the educators (Martin, Messinger, Kill, Holmes, Bermudez, & Sommer, 2009).

Council on Social Work Education. The Council on Social Work Education (2010) is the nonprofit national association which represents the social work profession.
The mission of CSWE (2010) is to promote and strengthen the profession by setting and maintaining policy and program standards. CSWE is the association which accredits bachelor’s and master’s degree programs (Council on Social Work Education [CSWE], 2010).

The CSWE (2010) is guided by a person and environment construct, a global perspective, respect for human diversity, and knowledge based on scientific inquiry. Human sexuality is not only an individual experience, but one that is shaped by the environment around that individual. To have respect for human diversity demands that the entire individual be respected and addressed, including issues related to their sexuality. This follows with the educational policy of engaging diversity and difference in practice recognizing that many things shape identity, including gender, gender identity and expression, sex, and sexual orientation (CSWE, 2010). Yet emphases on these issues were found to lag far behind emphasis on race and ethnicity (Martin, Messinger, Kull, Holmes, Bermudez, & Sommer, 2009).

Social work advocates preventing conditions that limit human rights (CSWE, 2010). Ignorance limits human rights. The values and goals of the university must reflect the values and goals of the profession (CSWE, 2010). As an educational institution for accreditation, the social work department must work against the ignorance that maintains inequality by educating the social work students in the areas of human sexuality.

An additional educational policy requires that the program leave their social workers knowledgeable about human behavior across the life course (CSWE, 2010). Sexuality is evident from before birth to death. Social workers must be trained what is
within the realm of normalcy in regards to sexuality and the life course. Educational policies directly evolve into competencies that are required for accreditation (CSWE, 2010).

Perhaps one of the most important aspects of educational policy is that which teaches future social workers to engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities (CSWE, 2010). In the researcher’s experience, this is often done through role playing, vignettes, lectures, and more. Within the profession, difficult subjects are often broached with clients. Students practice assisting clients in crisis situations, with alcoholism or drug dependency, grief and loss, and trauma. Practice is done on peers, with professors often in front of the entire class. Nothing compares to the actual intervention with a client. Clients may emerge in the course of a career that need to discuss sexuality on its own or how sexuality relates to other issues. If we cannot engage our peers in discussion of sexuality, engagement of our clients will not go much easier.

Aside from specific, explicit curriculum requirement, there are also implicit requirements for the educational environment. Diversity is one of the accreditation standards- expecting affirmation and respect in regards to diversity and difference (CSWE, 2010). One of the most overt ways to improve the learning environment in this regard is to take the shame from the sexuality discussion. If sex is not an aspect of the education, students or faculty with diverse sexual identities may not feel that they belong either.
**LCSW licensing.** Clinical social workers in California must go through a licensing process through the Board of Behavioral Science (2009). In addition to an MSW degree, there is additional coursework required in five content areas- Child Abuse Assessment and Reporting, Alcoholism and chemical dependency, spousal/partner abuse, aging and long term care, and human sexuality (Board of Behavioral Science [BBS], 2009). Social workers often seek their licensure to become private therapists for individuals, couples, or families. It is curious that ten hours of human sexuality content is required (BBS, 2009) to be a therapist, yet sexuality often occurs outside of a clinical setting.

**Sacramento State curriculum content.** The MSW program at Sacramento State University was first accredited in 1963. The most recent renewal of that accreditation was in 2008 by the Council on Social Work Education (J. Anderson, personal communication, April 4, 2011).

A study conducted by Lambda Legal and the Council on Social Work education found that baccalaureate programs have fewer LGBT related resources than master’s programs (Martin, Messinger, Kull, Holmes, Bermudez, & Sommer, 2009). However, it is only in the Bachelor of Social Work program at California State University, Sacramento, that a course focused specifically on human sexuality is offered. This course “examines psycho-social-cultural influences on sexual identity and sexual behavior; and analyzes problems confronting the victims of sex-discrimination and oppression” (California State University, Sacramento, 2011).
Because there is no sexuality elective offered in the Master’s of Social Work curriculum, it would be assumed and hoped that sexuality would be integrated throughout the core courses. In the study conducted by Lambda Legal and CSWE (2010), it was found that social work attempts to integrate sexuality content but there is more the profession can do programs (Martin, Messinger, Kull, Holmes, Bermudez, & Sommer, 2009). The practice courses, for example, offer a generalist perspective, addressing economic and political issues, promoting change, and teaching multi-level intervention with an empowerment and strength-based perspective (California State University, Sacramento, 2011). Sexuality and gender are just a couple aspects of a person which can be used as justification for oppression by those with power. Members of the LGBT community, for example, are one of many vulnerable populations who social workers should be advocating for. The four MSW practice courses should address human sexuality, as to prepare social work students for working with clients in this area.

The diversity course is one of which that should obviously address human sexuality- gender and sexuality are one of many ways an individual can be diverse. In Social Work and Diverse Populations (SWRK 202) student are prepared to understand cultural and social diversity by addressing theoretical and practice dimensions of social work with diverse and oppressed persons (California State University, Sacramento, 2011). This class grows from the values of the profession which respects human dignity and promotes social justice.

Sexuality is present throughout the life course and at many different levels of society. As a part of the MSW core curriculum, students take a two-class series on
Theoretical Bases of Social Behavior. These classes are meant to educate students on growth, change and interaction of individuals with an emphasis in lifespan development, as well as “principal theories of health, illness and disordered behavior; child and family dynamics; and theories of group and organizational behavior” (California State University, Sacramento, 2011). Human sexuality could be argued to permeate all individuals, groups, and organizations. It could also be a heavy influence on Social Behavior.

Research may not seem like a course in which to discuss sexuality. The course catalog describes the course as including problem formulation, selection of various conceptual frameworks, research designs, sampling, collecting data, experimental design and computer technology (California State University, Sacramento, 2011). While it might not be the correct arena to bring in sexuality content, research courses can touch on how heteronormativity impacts studies and research.

Policy and advanced policy are the final core courses of the MSW program at California State University, Sacramento. The two courses examine policy within a historical and philosophical context, and teach students the process of policy development and advocacy (California State University, Sacramento, 2011). Human sexuality is impacted by both informal and formal policy, and therefore could be covered in these two courses.

Finally, there are multiple options for students in terms of course electives-approximately twenty-two, plus possible options for independent study. Of those electives, two mention specific content in regards to sexuality yet both are danger related.
One focuses on HIV and AIDS, while the other discusses sexual abuse (California State University, Sacramento, 2011). No other electives specifically mention sexuality in their course descriptions.

**Summary**

Sexuality is at the very core of humanity. Sexuality involves biology, it includes constructs of identity and orientation, and it permeates ethical, cultural, moral, and spiritual levels of being. Both the National Association of Social Workers (2008) and the Council on Social Work Education (2010) have set forth guidelines that expect competence and respect from practitioners. Further, the social work profession is encountering numerous sexuality-related issues. The curriculum at California State University, Sacramento, does not address human sexuality. Social work students learn to work with clients throughout their Master’s of Social Work education. If these issues are not being discussed in the curriculum, how is that social workers can be prepared to work with clients should those issues arise?
Chapter 3

METHODOLOGY

Design

The design of the study was a quantitative, exploratory approach. The quantitative approach involved counting, measuring, and analyzing numbers after identifying the problem of a lack of sexuality curriculum (Royse, 1999). Through a questionnaire distributed by the researcher in first and second year MSW classes, a greater understanding of students’ perceptions regarding sexuality and the relevance of sexuality to social work was attained. Additionally, the study’s purpose is to ascertain to what extent human sexuality is included in the Master’s of Social Work curriculum at California State University, Sacramento. Exploratory designs such as this seeks information about a topic that isn’t readily available (Royse, 1999). The MSW curriculum was never before studied. This was accomplished by directly assessing student perception of sexuality and with what degree sexuality was addressed in the core MSW courses and the electives. Finally, if sexuality is addressed- in what format are professors delivering that information? This study hopefully laid the groundwork for future curriculum development in this area by highlighting any deficits, as exploratory studies often do (Royse, 1999).

Variables

The dependent variable in this study was the perceptions of the students and their opinions in regards to the relevance of sexuality to social work and their experiences in their courses in regards to sexuality content.
The independent variables are the demographic area of gender, age range, student level, and relationship status, as well as the core courses of the curriculum.

Participants

For the purposes of this study, MSW I, MSW II, and Part-Time MSW Students at California State University, Sacramento, were sampled as the research subjects as the researcher is examining the MSW curriculum.

The courses in which the surveying occurred were based on a convenience sampling technique and, therefore, not random (Royse, 1999). An email was sent to professors who teach MSW courses, asking permission to distribute questionnaires during their class times. As professors responded with permission, they supplied the researcher with the meeting time and location of their courses. Some professors responded with an unwillingness to give a portion of their lecture time to the research study. However, this problem was small and an adequate sample size of 112 responses was attained. This 112 included 31 MSW I students, 61 MSW II students, and 20 MSW Part Time students.

There was no incentive to participate in the research. When questionnaires were distributed in MSW Courses the students were reminded verbally and in writing that their participation was completely voluntary.

Instrumentation

Drawing from other researchers’ questionnaires regarding curriculum content and a certain subject area, an original questionnaire was developed by the researcher. Before the actual questions, the researcher included a brief message to the study participants.
The message began by stating the intent of the researcher, which was to examine where and to what extent the broad area of sexuality is addressed in the MSW curriculum. Next, it was the researcher’s intent that the respondents would answer the questions on the survey using a multi-faceted definition of sexuality, and so the researcher provided the following definition by the Encyclopedia of Education:

Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its various dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation, roles, and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.

(Rodriguez, 2002)

The message from the researcher ended with a reiteration that the questionnaire is voluntary, anonymous, and confidential. Finally, there was a reminder that the student should keep a copy of the consent form for their records.

Section I was the basic demographic information of the research participant, including student level, age range, gender, and relationship status. Interestingly for a questionnaire regarding sexuality content, the researcher failed to include transgender as an option under the gender question.

Section II was entitled “Interests in Social Work.” Career aspirations were added to the demographics as a way to ascertain the goals of the MSW students responding to the questionnaires. Twelve options were given, with the request that they only pick one area.
Section III examined how respondents' perception of how relevant sexuality is to each population. The populations in Section III are the same as the populations offered in Section II. This question was added due to the amount of literature found regarding stereotypes, misconceptions, and biases regarding certain populations and their sexual habits.

The section IV of the questionnaire addressed the core MSW courses and electives. It was the researcher’s goal to not only ascertain whether or not sexuality was covered in each course, but to what extent and in what format.

The final section was a lined blank page, with the request that if they had any comments regarding the courses discussed in section IV. This could be concerning the professors, comments on how to improve the curriculum, what the participant found helpful, what was not helpful, etc. This was a small qualitative aspect of the questionnaire, used to understand the experience and the viewpoint of the participants (Royse, 1999).

Data Gathering Procedures

The procedure to gather data was to distribute questionnaires in MSW courses. The courses in which this occurred was based on a convenience sampling technique and, therefore, not random. An email was sent to professors who teach MSW courses, asking permission to distribute questionnaires during their class times. As professors responded with permission they supplied the researcher with the meeting time and location of their courses.
The process of distributing the questionnaires began by a brief explanation regarding the intent of the researcher. The questionnaire was briefly summarized, and commonly asked questions were preemptively answered. This included the inquiry of what to do if the course hasn’t been taken yet and what to do if they can’t remember the course number of the electives they’ve taken. The consent form was then passed out and signed by the research participants. After receiving all consent forms back with a signature, a copy of the consent form and the questionnaire were distributed.

**Protection of Human Subjects**

Informed consent was attained by a consent form (see appendix B). This signed consent form is kept separate from the questionnaires, leaving no way to connect the signature or name of the individual to their responses. Again, voluntary consent was implied by the completion and submission of the survey. The researcher provided a copy of the consent form to the respondents once they sign and submit the form to the researcher.

Privacy and safety was protected by keeping all information confidential. The questionnaires were kept in a locked room in the researcher’s apartment when not being utilized for data input. After data collection and input is completed, all questionnaires were destroyed. While compiling the data the researcher preserved the integrity of the data by remaining impartial.

The risk of discomfort or harm to the human subjects was determined to be minimal as no personal questions regarding human sexuality are asked. There is no inquiry into the participant’s own sexuality or their attitudes regarding sexuality issues.
There is no physical risk to the participants. The questionnaire included questions regarding sexuality in the curriculum content only. Sexuality can cause embarrassment or discomfort for some people leading to minimal risk in the psychological harm area. Additionally, the discomfort that is could be anticipated for MSW students is no greater than the discomfort they may/will encounter as Social Workers in the field working with clients who bring up these issues. That being said, respondents could realize that they haven’t been given enough content on sexuality in their courses, so there could be some discomfort if/when they believe they are adequately prepared to assist clients in this area. There is no risk in the areas of Social and Economic Harm or Inadequate Protection for the Confidentiality of Research Data.

Finally, all students were informed on the questionnaire that if they experience any discomfort they can seek help at the CSUS counseling center. The contact information and location of this service was also provided.

The research protocol for this study was approved by the Committee for the Protection of Human Subjects from the Division of Social Work. The approval number is 10-11-013.
Chapter 4

FINDINGS

Introduction

The researcher was able to receive responses from 112 students in the Master’s level social work program at California State University, Sacramento. A sample of the questionnaire is presented in Appendix A. One hundred and twelve questionnaires were distributed and all were returned for a response rate of one-hundred percent.

The questionnaire included four questions regarding the student demographics including student level, age, gender, and relationship status, one question regarding the students’ career aspirations, a section in which the student rates the applicability of sexuality to various populations served by the profession, and then the opportunity to respond regarding the curriculum content in the MSW core courses and up to three elective courses. There was then a comment page to give students the opportunity to share any and all thoughts on sexuality content in the MSW curriculum. The findings of this study are presented in the following graphs and narrative explanations.
Figure 1. Student Level

Demographic Data

The first demographic was student level, with the options of MSW I, MSW II, and MSW Part Time. MSW II represented approximately half of the sample population, with 61 respondents. There were 31 students and 20 students at the MSW I and Part Time student levels, respectively. Part time students had the possibility to be in any classroom that the researcher surveyed. MSW I students could be underrepresented in the sample due to the convenience sampling process—when it was possible for the researcher to survey any MSW course it was typically at times when the MSW II courses were offered.

The age of the respondent was the next demographic on the questionnaire. Again, the responses were weighted more heavily in one direction. Seventy-six of the respondents were under the age of 34, leaving 26 respondents over 35. The most common
age range was between twenty-five and thirty-four with 63 respondents checking that response. There were no questionnaire respondents above the age of 65.

The demographic question of gender was also skewed in one direction. Social work is commonly a female dominated profession— the MSW program at California State University, Sacramento is no different. Out of 112 questionnaires, 87 participants were female, with only 22 males and two people declining to state. Perhaps most telling from this data is what the researcher left out as a possible response. One of those who checked “Decline to state” drew in “transgender” as a response on their questionnaire, and one lone research participant drew a line from the male and female responses and wrote over it “both.” As an MSW investigating sexuality-related issues, with a desire to be all inclusive in the definition of sexuality, it is quite telling that “transgender” was left off as a possible response on the questionnaire.

The final section of the general student demographic questions addressed the relationship status of the respondents. The three possibilities of married or committed, single, and divorced, separated, or widowed were offered. Unremarkably, 59 responded as married/committed, 41 as single, and 12 as divorced, separated, or widowed.
As a final method of understanding the sample population, the researcher inquired as to which area of social work the respondent was most likely to work with following graduation. Of those that responded, 29.4% plan to work in the child welfare field. This majority could have been created due to the convenience sampling. As an MSW student, as well as a member of the Title IV-E program, it was convenient for the researcher to survey classes in which she was enrolled. One course in which the survey was distributed happened to be one of the required elective courses of the IV-E program. In such a specialized elective, it’s not surprising to see a large amount of respondents who plan to

**Figure 2. Interest in Social Work**

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work in the child welfare field. Hospital social worker was the next most-popular career choice, with 14 percent planning to work in the medical field. Mental health and LCSW counseling had 12.8 and 11 percent of respondents aspiring to work in that field, respectively. Veterans, the homeless, and the developmentally disabled all each had one respondent who planned to work in that field. Most interestingly was a single respondent who wrote next to the question that they do not plan to pursue a career in social work after graduation. This was an interesting anomaly to encounter when conducting a survey of graduate social work students.

**Relevance to Social Work**

In this section the researcher hypothesized that MSW students would perceive that sexuality is extremely relevant to some populations, such as the mental health. It was further hypothesized that students would find sexuality less relevant to other populations, such as the geriatric community.
Figure 3. Relevance of Sexuality to Child Welfare/CPS

Out of 112 respondents, 42 believe that sexuality is very much relevant when working in Child Protective Services or with the child welfare population. Twenty-six put that sexuality is extremely relevant, and 24 selected “somewhat.” Eleven students believe that sexuality is only slightly relevant to the CPS population. Six chose to leave this section blank- this could be interpreted as a default “not at all” or respondent error. Three MSW students answered that sexuality is actually “not at all” relevant in the child welfare field.
Hospital or medical social work was the next specific social work field examined in regards to sexuality. Twenty responded that sexuality is extremely relevant to the field while the maximum response was again “very much,” with 42 checking that response. Thirty-six responded that it was only somewhat relevant. According to 10 respondents, sexuality is slightly relevant to hospital social worker, with only one individual saying it had no relevance at all. Three left this selection blank.

*Figure 4. Relevance of Sexuality to Hospital Social Work*
The responses for relevance of sexuality in regards to school social work were more skewed in comparison to the previous graphs, resembling less of a bell curve. Near 50 percent of MSW students stated that sexuality is extremely relevant to this population, 39 people stated it is very much relevant. Somewhat, slightly, and not at all had far fewer, with 15, 1, and 2, respectively.

*Figure 5. Relevance of Sexuality to Elementary/Middle/High School Social Work*
Eighty-two MSW students find sexuality to be very much or extremely relevant to the field of children and families. Twenty-three stated “somewhat” and 2 believe that sexuality is slightly relevant to this population. One person stated that there was no relevance.
Figure 7. Relevance of Sexuality to Chemical Dependency

Forty people each checked that sexuality is “somewhat” and “very much” relevant to the chemical dependent population. Twenty-two perceive it to be extremely so. Two and three selected slightly and not at all, in that order.
Figure 8. Relevance of Sexuality to Mental Health

The majority of the MSW student samples-70.4 percent- perceives sexuality to be at least very much relevant to the mental health. An additional 27 students find it to be somewhat relevant. Three checked off “slightly” relevant, a token individual finding no relevance at all.
Figure 9. Relevance of Sexuality to LCSW Counseling

Over fifty percent of respondents find sexuality to be extremely relevant to the field of being an LCSW Counselor. Thirty-three checked “very much,” 13 selected “somewhat, and one stately only “slightly.” Two decided that sexuality isn’t relevant at all to the LCSW segment of the social work profession.
Figure 10. Relevance of Sexuality to Geriatrics

When MSW students were asked about working with the geriatric population the amount of “not at all” responses increased. As hypothesized, there are certain populations in which participants found sexuality to be less relevant. The geriatric population was one of those populations. For the first time—over fifty percent of respondents perceived that sexuality was at most “somewhat” relevant to a population. Eight stated that sexuality isn’t applicable to the geriatric population. Twenty-eight did note that sexuality is very much relevant to the aging, but only 19 went as far to say “extremely.”
Figure 11. Relevance of Sexuality to Veterans

The perceived applicability of sexuality to the veteran population by MSW students was mostly “somewhat”, with 42 respondents. “Extremely” was checked 16 times and “very much” 36 times. Ten students believe that sexuality is just slightly relevant to the veteran population, and, again the token individual who believes in a sexless population. One individual wrote on their questionnaire that hypersexuality should be discussed as it relates to PTSD. That stress disorder is one of the more common issues for the veteran population. Sexuality is impacted by normal stress which occurs in life- being witness to war could definitely have more of an impact than rush-hour traffic.
Figure 12. Relevance of Sexuality to Homeless

The majority of MSW students found sexuality to be either very much or just somewhat relevant to the homeless population with 37 and 36 who selected each response. Nineteen perceive sexuality to be extremely important, ten slightly, and 3 find sexuality to be of no relevance to this population.
This was the second population that the researcher hypothesized would have more responses on the lower end of the Likert scale. Six responded that sexuality is of no relevance to this population and 12 stated only “slightly.” The largest response of the MSW students- thirty-nine- stated was that sexuality is somewhat applicable to the developmentally disabled population. Twenty-nine checked “very much,” and just eighteen chose “extremely.” Those who are developmentally delayed are typically stuck at a much younger age of cognitive development than how old they actually are. Despite younger thought processes, the body still develops sexually and matures, complete with hormones and a possible ability to reproduce. The responses on the questionnaire could be due to an unawareness of the sexuality of this population or it could be discomfort. Social workers must examine their beliefs about sexuality so as to not assume anything about an individual’s sexuality (or lack thereof).
Figure 14. Relevance of Sexuality to Macro Social Work

The final area of social work in which the researcher sought to examine MSW students’ perceived relevance of sexuality was in regards to Macro social work or policy. Policy is what dictates activity at the mezzo and micro levels in the form of laws and policy, funding and program implementation. Yet, 20 students in the MSW program believe sexuality to be at most, slightly relevant. The remainder of the students was near evenly split between the responses of “somewhat,” “very much,” and “extremely” 29, 30, and 28, respectively. It appears that most students do understand the impact of macro social work and how it interacts with something even as private as sex. Yet, there were
ten individuals who seem to fail at keeping current on legislation- the fight for marriage equality for all still isn’t won, after all, even in the progressive state of California.

**Findings**

Sexuality content is not covered in every section of every course. In practice courses (204A, B, C, & D), less than fifty percent of respondents stated that sexuality was a discussed topic.

![Bar Chart](image)

Figure 15. Inclusion of Human Sexuality in MSW Core Courses

Out of 50 students, nine found sexuality to be superficially covered, 24 stated that the content was moderately addressed, 14 well addressed, and just 3 felt that their practice curricula had completely addressed sexuality. Despite practice courses addressing
vulnerable populations and used as an arena to teach students to empower their clients, one of the most marginalized populations is not being adequately addressed. One individual commented on their questionnaire that practice is focused mainly on white, heterosexual clients.

The number of students who found policy (250 & 251) to include sexuality related curriculum was higher 72 percent of respondents who had taken at least one of the Master’s level classes encountered this topic area in their studies. Only three respondents found these courses to have covered sexuality completely. With 37 students selecting, the most selected answer was “moderately addressed” with “well addressed” being chosen by 22 students. One survey respondent noted that sexuality wasn’t touched on at all by their policy professor. With both formal and informal policies that dictate the sexual practices of society, it is interesting that sexuality was not addressed more.

The Human Behavior in the Social Environment (HBSE) classes claim to cover the interactions of individuals and groups with special attention to lifespan development (California State University, Sacramento, 2011), but 34 percent of students claim that their HBSE classes never covered sexuality. The remaining 68 students selected the degree of which the content was addressed. Thirty-four found the courses to only moderately address the issue(s) eleven stated the content was superficially addressed. Just seven said the material was completely addressed. As far as commentary- one student wrote that unsafe sex was discussed in their HBSE course. This confirms the literature stating that social workers tend to focus on problematic or dangerous sexuality related behaviors.
The graduate level research course for social work students also showed a lack of sexuality content which could be expected from this particular course as it focused on problem formulation and research design rather than current events or bodily urges. Just fifteen percent of students stated that sexuality was addressed in regards to the research curriculum. Of those twelve students, five each stated that sexuality was superficially and moderately addressed. Two students stated that their research class completely incorporated sexuality into the course content. While some students commented in some manner that sexuality just is not applicable to research, the existence of gender bias and questionnaires (including the questionnaire created by the researcher) lacking all inclusive demographic information does show that sexuality can be applied. While it might not be the correct arena to bring in sexuality content, research courses can touch on how heteronormativity impacts studies.

While the Diverse Populations class appears to spend a large amount of the curriculum talking about LGBTQ issues, other classes are lagging behind. Eighty-nine percent of students who have taken their Diversity class stated that sexuality content was included. This course is meant to include information that speaks to the oppressed and vulnerable populations for which social workers advocate. What may be interesting to investigate is which vulnerable populations the other 11 percent of students learned about in this course.
Further, ten students found the sexuality content of their Diverse Populations class to be only superficial. Nineteen selected “moderately addressed.” Approximately two-thirds of the questionnaire respondent felt the sexuality content to be at least well addressed, with “completely addressed” having the most responses of 32.

The social work electives are typically seen as a method to integrate more specialized knowledge into the generalist social work education model. One student wrote that professors brought sexuality into elective courses on a whim and not purposeful in the material presentation. The most frequently taken electives by the research participants were Public Child Welfare Practice (SWRK 213) and DSM IV New Developments in Psychodiagnosis (SWRK 223). Based on the responses of the respondents, who only reported these two electives, sexuality were only included in
electives half the time. The researcher also inquired into how sexuality was being presented into the core courses.

![Figure 17. Use of Vignettes to Present Sexuality Content](image)

Vignettes were the least utilized format to deliver sexuality related information. This was especially disappointing in regards to the practice courses, in which MSW students often role-play, do case presentations, and more in an effort to brainstorm how one would approach that situation, client, crisis, etc.

Guest speakers were the second least utilized method of information delivery. Similar to the use of vignettes, the core course that most utilized this format was the Diverse Populations class. Fifty percent of the students who received sexuality content in SWRK 202 had the opportunity to listen to a guest speaker. As one MSW student wrote on the comments page “Guest speakers are a great format for learning new topics.”
Readings and lectures were the most utilized methods when professors brought sexuality content into their courses. Readings were used by up to 92 percent of the classes, lectures up to near 88 percent. With readings however, it may be that the content is assigned but not read.

Videos are utilized often in social work courses. These videos are commonly available on YouTube, or are checked out from the library by the professor. This format is used by between twenty and sixty-four percent of those classes that cover sexuality in their curricula.

In the comments section of the questionnaire, respondents had the opportunity to write comments on the courses they were surveyed on. Many students took this opportunity to name specific courses that covered sexuality content well usually the human diversity course. Others took the opportunity to name specific professors.

Many expressed frustration that sexuality has not been addressed in their education but two individuals commented on how professors do the best they can in the short amount of time allotted for classes. Over half of the comment pages stated that sexuality should be addressed more in the curriculum. One stated that an MSW course on human sexuality should be mandatory to attain a degree. Four respondents stated specifically that sexuality should be integrated throughout MSW courses the hopeful goal of this researcher.
Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Human sexuality is ignored by the MSW curriculum at California State University, Sacramento and by the profession in general. For such a multi-faceted gem of a construct, either sexuality is addressed in terms of the gay and lesbian population within the confines of the diverse populations’ course or within the context of danger of a couple token electives. From the researcher’s experience, sexuality was largely ignored in terms of being a normative part of development and an important aspect of human relationships.

While human services students are more accepting than the general population, as hypothesized by the researcher, MSW students believe sexuality to be more relevant to some populations than others. While the researcher utilized the word “relevance” in regards to this section of inquiry, perhaps the better question would have been “how comfortable are you with this population engaging in sexual activity?” As the literature suggests, as people age there is less comfort with the idea of sexuality. This discomfort is similar to that which exists for childhood sexuality and sexuality and the developmentally disabled. As discussed in the literature review, sexuality exists throughout the life course. It also exists regardless of cognitive faculties. In reality, sexuality is relevant to each of the twelve fields queried by the researcher, one of many reasons that sexuality should be integrated throughout the Master’s of Social Work curriculum.
The hypothesis that sexuality is not covered in all core Master’s of Social Work courses was a simple forecast. Having already completed the first year of MSW courses, it seemed apparent to the researcher that sexuality was not included in the curricula. Practice courses, meant to integrate our field experiences with theory and the Biopsychosocial perspective ignore human sexuality content. This course is often an arena to hone social work skills by use of vignettes and role-playing. The researcher had never encountered sexuality material in these courses, and hypothesized that most MSW students had not either. Less than fifty percent of survey respondents stated that sexuality was included in their practice courses.

Social work with Diverse Populations was the one course that the researcher hypothesized that would include sexuality content across sections and professors. Unfortunately, the researcher’s hypothesis in this regard was incorrect. Although a small number, eleven percent of respondents stated that sexuality issues were not covered in their diverse populations courses. If sexuality cannot be addressed in a course with the description that states to work with diverse and oppressed and vulnerable people for personal and social empowerment in behalf of human dignity and social justice (California State University, Sacramento, 2011) then which class can it be addressed in? Apparently, policy is not the class to address this issue either. Twenty-eight percent of respondents who had taken at least one of the Master’s level policy classes reported a lack of sexuality content. With both formal and informal policies that dictate the sexual practices of society, it is interesting that sexuality was not addressed more. The NASW code of ethics states that social workers act as advocates for marginalized
individuals and communities. Without policy courses drawing awareness to oppressive legislation, how are we to know what or who to advocate for?

The Human Behavior in the Social Environment (HBSE) classes claim to cover the interactions of individuals and groups with special attention to lifespan development (California State University, Sacramento, 2011), but 34 percent of students claim that their HBSE classes never covered sexuality. The literature review highlighted that sexuality exists throughout the life course, from in-utero to death. One student wrote that unsafe sex was discussed in their HBSE course, but nothing else. This confirms the literature stating that social workers tend to focus on problematic or dangerous sexuality related behaviors. However, if normative sexuality is not taught to social work students then it will be more difficult to catch the red flags of those dangerous sexuality situations.

Some courses, as a handful of students wrote in the comments section pointed out- have less room for sexuality to be addressed. Research courses prepare students to write their thesis or create their Master’s project. According to the course catalog, SWRK 210 involves examining “quantitative and qualitative methods of social work research” and “includes problem formulation, selection of various conceptual frameworks, research designs, sampling, collecting data, experimental design and computer technology” (California State University, Sacramento, 2011). The researcher is not suggesting that a large portion of class time is spent on discussing issues unrelated to the aforementioned areas. However, there are topics that could and should arise. Perhaps if sexuality issues were addressed this researcher would have felt more comfortable adding sexual orientation to the demographic information gathered on the questionnaire. If sexuality
issues were addressed perhaps the researcher would have added transgender and/or intersexual when inquiring about respondents’ gender, instead of assuming that they would “decline to state.” Better research can be conducted with an awareness of human sexuality issues. Better research could have been done by this researcher.

The electives offered by California State University, Sacramento, are also limited. The research suggests that at least half of electives do not cover human sexuality. Of the possible options for MSW students to take, only two electives mention specific content in regards to sexuality yet both are danger related. One focuses on HIV and AIDS, while the other discusses sexual abuse (California State University, Sacramento, 2011). A human sexuality course is offered at the undergraduate level why is there not an option for Master’s students to be afforded the same opportunity?

**Recommendations**

To assist our clients with sexuality issues the social work profession must first address their issues with sexuality. Human sexuality should be integrated within the social work curriculum. In addition, the profession must address why music videos, late-night dramas, and afterschool specials can discuss human sexuality but within the walls of a classroom, these discussions cannot take place. Orgasms, to use an example, should be found within social work literature and lectures. Our clients may have difficulty reaching that peak. If the practitioner was unable to discuss this in their HBSE course without blushing there is not much hope for when a woman brings up this concern in therapy the practitioner’s discomfort may even amplify the client’s.
The literature suggests moving away from a one-course method of introducing sexuality content to social work curriculum rather, it should be included and intertwined throughout all Master’s courses. Mulé (2006) suggests that curriculum must go beyond mere recognition of sexual minority group, and instead focus on knowledge and skill development to better serve this population (Mulé, 2006). The researcher agrees in this regard.

Having sexuality segregated into a single elective limits the accessibility of the information. Students with specific concentrations (such as Title IV-E, like the researcher) would need to overload on courses or take a gamble that the sexuality course would be available when they have fulfilled their concentration requirements. Additionally, it is this segregation that the researcher believes causes a four-sexuality rule (Hicks, 2008). Further, addressing sexuality in terms of danger in elective courses perpetuates the discomfort of sexuality in populations such as children and developmentally disabled. Social work students need a concrete understanding of normative sexual development by integrating the content throughout the curriculum. It is at this point when the question becomes how heavily sexuality content should be weighted, what content should be included or excluded, and how to integrate the content adequately in the time allotted.

Sexuality is a basic aspect of being human. It continues our race, it shapes our identity, it makes us feel good, and it affects clients at every level of social work practice. Since there exists a relationship between social work educators’ knowledge of LGBT issues and how prepared students are to work with LGBT populations (Martin,
Messinger, Kill, Holmes, Bermudez, & Sommer, 2009), the researcher hypothesizes the same positive influence would be true for educators’ knowledge of human sexuality in general. As the Master’s of Social Work education at California State University, Sacramento, becomes more comfortable with sexuality, so will the students. Once graduated from the program, comfortable and competent in the area of human sexuality, social workers can promote awareness of healthy sexuality, advocate for those who are marginalized due to an aspect of their sexuality, and uphold the standards of the National Association of Social Workers.
APPENDICES
APPENDIX A

Consent to Participate in Research

You are being asked to participate in research which will be conducted by Kara Radecki, a second year MSW student in Social Work at California State University, Sacramento. The study will examine the extent to which human sexuality is infused with the Master’s of Social Work curriculum.

You will be asked to complete a questionnaire about the curriculum content in each of your core Social Work courses as well as in your elective courses. This questionnaire will take between five and fifteen minutes of your time. After completion, please place the filled out questionnaire in the manila folder pointed out by the researcher.

The questionnaire topic does concern human sexuality, which may cause some discomfort or embarrassment to the participant. However, there are no questions regarding the participant’s own sexuality. You don’t have to answer any of the questions that you don’t want to.

By taking this questionnaire, you may gain insight into your own professional development and find that you would benefit from seeking additional training in this area. Additionally, the Social Work Department at CSUS may benefit from the illumination of any weak spots in the curriculum.

Confidentiality and anonymity will be maintained. Please don’t write your name or any other identifying marks on the questionnaire. After completion, place the
questionnaire into the manila envelope at the front of the room. After data processing is completed all questionnaires will be destroyed.

You will not be receiving any compensation for your participation, but it will be greatly appreciated by the researcher.

If you have any questions about this research you may contact Kara Radecki at (509) 216-5068 or by email at kararaeradecki@gmail.com.

Your participation in this research is entirely voluntary. Your completion of this questionnaire will show consent to participate in this research.

If you experience any discomfort or psychological harm from taking this questionnaire, please contact Dr. David Demetral at (916) 278-716 or from the CSUS Student Counseling Center at (916) 278-6416 and in The Well on the 2nd floor.

________________________________________  ____________________
Signature of Participant                       Date
APPENDIX B

Consent to Participate/Questionnaire

You are being asked to participate in research which will be conducted by Kara Radecki, a second year MSW student in Social Work at California State University, Sacramento. The study will examine the extent to which human sexuality is infused with the Master’s of Social Work curriculum.

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The following questionnaire will examine the prevalence of human sexuality in the Master’s level Social Work curriculum.

It is the intention of the researcher to examine where and to what extent the broad area of sexuality is addressed in the Masters of Social Work curriculum at California State University, Sacramento. Sexuality is a multi-faceted concept beyond the idea of LGBT issues. For the purposes of this study human sexuality will go by the following definition provided by the Encyclopedia of Education:

“Human sexuality encompasses the sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its various dimensions include the anatomy, physiology, and biochemistry of the sexual response system; identity, orientation,
roles, and personality; and thoughts, feelings, and relationships. The expression of sexuality is influenced by ethical, spiritual, cultural, and moral concerns.”

Please, take a few moments to complete this questionnaire and return it to the envelope in the front of the room. Your filling out this questionnaire is completely voluntary, anonymous, and confidential. **By filling out this form in part or in whole you are willingly consenting to participate in this thesis research.** In no way will your responses be used to identify you. As such, please do not write your name or other identifying marks on the form. **Please retain a copy of the consent form for your records.**

Thank you for your time,

Kara Radecki, MSW II
Inclusion of Human Sexuality in MSW Curriculum

Section I: Student Demographics

Directions: Please mark the following categories that apply to you.

1. Student Level: ____MSW I ____ MSW II ____ MSW Part Time
2. Age: ____ (18-24) ____ (25-34) ____ (35-44) ____ (45-54) ____ (55-64) ____ (65+)
3. Gender: ____ Female ____ Male ____ Decline to state
4. Relationship status: ____ Married/Committed ____ Single
   ____ Divorced/Separated/Widowed

Section II: Interests in Social Work

Directions: For question 1, please mark the answer that applies to you.

1. What area of Social work are you MOST likely to pursue a job after graduation?
   ____ Child Welfare/CPS ____ Hospital Social Work ____ Elementary/Middle/High Schools
   ____ Children/Families ____ Chemical Dependency ____ Mental Health
   ____ LCSW Counseling ____ Geriatric ____ Veterans ____ Homeless
   ____ Developmental Disabilities ____ Macro Social Work/Policy

Section III: Relevance to Social Work

Directions: Use the Likert Scale below to mark your answers from (0-4)

1. Using the Likert scale below, please indicate the degree to which the field of human sexuality applies to each client population.

   0=Not at all 1=Slightly 2=Somewhat 3=Very Much 4=Extremely
   ____ Child Welfare/CPS ____ Hospital Social Work ____ Elementary/Middle/High Schools
   ____ Children/Families ____ Chemical Dependency ____ Mental Health
   ____ LCSW Counseling ____ Geriatric ____ Veterans ____ Homeless
   ____ Developmental Disabilities ____ Macro Social Work/Policy
Section IV: Coverage of Human Sexuality in MSW Core Courses

Directions: For parts “a” and “b”, “c”: please mark the answer(s) which applies. For part “c”: please use the likert scale to indicate the degree to which you received information on sexuality in that course. For the questions marked “Elective”: please write in the course number in the space provided. Please keep in mind ALL aspects of human sexuality.

1. Practice Courses (SWRK 204A, 204B, 204C, and 204D)
   a. In your practice classes was content on human sexuality presented (i.e., practice and assessment in regards to sexual dysfunction, sexual identity gender issues, gender issues, etc.) ___Yes ___No
      (If “No”, please move on to question 2.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ____Reading(s) ____Lecture(s) ____Video(s)/DVD/CD ____Guest Speaker(s)
      ____Vignettes
   c. Do you think the content:
      (Check one)
      ____Was Superficially Addressed
      ____Was Moderately Addressed
      ____Was Well Addressed
      ____Was Completely Addressed

2. Policy Courses (SWRK 250, SWRK 251)
   a. In your policy classes was content on human sexuality presented (i.e. civil marriage policy, discrimination, family issues, etc.) ___Yes ___No
      (If “No”, please move on to question 3.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ____Reading(s) ____Lecture(s) ____Video(s)/DVD/CD ____Guest Speaker(s)
      ____Vignettes
c. Do you think the content:

(Check one)
_____ Was Superficially Addressed
_____ Was Moderately Addressed
_____ Was Well Addressed
_____ Was Completely Addressed

3. HBSE - Human Behavior in Social Environments (SWRK 235A, SWRK 235B)
   a. In your HBSE class was content on human sexuality presented (i.e. sexual
      response cycle, sexual parts and functions etc.)  __Yes   __No
      (If “No”, please move on to question 4.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ___Reading(s)   ___Lecture(s)   ___Video(s)/DVD/CD   ___Guest Speaker(s)
      ___Vignettes
   c. Do you think the content:
      (Check one)
      _____ Was Superficially Addressed
      _____ Was Moderately Addressed
      _____ Was Well Addressed
      _____ Was Completely Addressed

4. Research  (SWRK 210, SWRK 211)
   a. In your research class was content on human sexuality presented (i.e., evidence
      based practice in regards to LGBT clients, etc.)  __Yes   __No
      (If “No”, please move on to question 5.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ___Reading(s)   ___Lecture(s)   ___Video(s)/DVD/CD   ___Guest Speaker(s)
      ___Vignettes
   c. Do you think the content:
(Check one)

____ Was Superficially Addressed
____ Was Moderately Addressed
____ Was Well Addressed
____ Was Completely Addressed

5. Social Work with Diverse Populations (SWRK 202)
   a. In your diversity class was content on human sexuality presented
      ___Yes ___No
      (If “No”, please move on to question 6.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ___Reading(s) ___Lecture(s) ___Video(s)/DVD/CD ___Guest Speaker(s)
      ___Vignettes
   c. Do you think the content:
      (Check one)
      ____ Was Superficially Addressed
      ____ Was Moderately Addressed
      ____ Was Well Addressed
      ____ Was Completely Addressed

6. Elective (SWRK _______)
   a. In your elective class was content on human sexuality presented
      ___Yes ___No
      (If “No”, please move on to question 7.)
   b. If yes, please check below in what format the content was presented:
      (Check as many that apply)
      ___Reading(s) ___Lecture(s) ___Video(s)/DVD/CD ___Guest Speaker(s)
      ___Vignettes
   c. Do you think the content:
      (Check one)
7. Elective (SWRK _______)  
   a. In your elective class was content on human sexuality presented  
      ___Yes   ___No  
      (If “No”, please move on to question 8.)  
   b. If yes, please check below in what format the content was presented:  
      (Check as many that apply)  
      ___Reading(s)  ___Lecture(s)  ___Video(s)/DVD/CD  ___Guest Speaker(s)  
      ___Vignettes  
   c. Do you think the content:  
      (Check one)  
      ___Was Superficially Addressed  
      ___Was Moderately Addressed  
      ___Was Well Addressed  
      ___Was Completely Addressed  

8. Elective (SWRK _______)  
   a. In your elective class was content on human sexuality presented  
      ___Yes    ___No  
      (If “No”, please move on to the next Section.)  
   b. If yes, please check below in what format the content was presented:  
      (Check as many that apply)  
      ___Reading(s)  ___Lecture(s)  ___Video(s)/DVD/CD  ___Guest Speaker(s)  
      ___Vignettes  
   c. Do you think the content:  
      (Check one)  
      ___Was Superficially Addressed
Section V: Please use the space below to write comments about the courses above. This could be concerning the professors, comments on how to improve the curriculum, what you found helpful, what was not helpful, etc.

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