

**Curricular Abstinence: Examining Human Sexuality Training in
School Counselor Preparation Programs**

Richard Joseph Behun
Marywood University

Julie A. Cerrito
The University of Scranton

David L. Delmonico
Duquesne University

Estelle Campenni
Marywood University

Abstract

Professional school counselors (PSCs; $N = 486$) rated their level of perceived preparedness acquired in their school counselor preparation program with respect to knowledge, skills, and self-awareness of five human sexuality domains (behavior, health, morality, identity, violence) across grade level (elementary vs. secondary) and three human sexuality training groups (single course in human sexuality, human sexuality infused throughout curriculum, or no human sexuality training). Results indicated that while the majority of PSCs provided sexuality counseling to school students, many reported not receiving master's level education or training in this area.

Keywords: human sexuality, professional school counselor, school counselor preparation

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Human sexuality plays a pivotal role in the maturation and life-long development of individuals from birth through adulthood. From childhood (elementary school; grades K-6) through adolescence (secondary school; grades 7-12), sexuality is an essential part of the overall personal, social, and emotional development of all elementary and secondary school students. It is not uncommon for school students to present concerns related to their sexual development to trusted adults within school settings (Millner & Upton, 2016). Among those trusted adults is the professional school counselor (PSC). As developmental specialists who understand the anatomy and physiology related to human sexuality, PSCs also understand the personal, social, and emotional development that occurs simultaneously. Thus, PSCs may be in an ideal position to offer sexuality counseling to elementary and secondary school students as needs arise.

Given the strong likelihood of PSCs to be confronted with the need to counsel students experiencing sexual concerns, it is important to examine the master's level training that PSCs receive to prepare for that role. It is recognized that there are varying opinions across the country in terms of whether or not it is appropriate for schools to address human sexuality in the educational setting (Buck & Parrotta, 2014; Heller & Johnson, 2013; Jefferies, Dodge, Bandiera, & Reece, 2010); however, regardless of public opinion, the PSC is faced every day with students experiencing sexual concerns and, ethically, should be prepared to counsel such concerns within the parameters of district policy. Although there is a significant amount of literature examining the role of PSCs when working with LGBTQ students, minimal research (e.g., Dycus & Costner,

1990; Longo, 1984; Tegtmeier, 1980) has been identified that specifically examines the role of PSCs in addressing the broader range of human sexuality issues presented to them in school systems. Furthermore, very little research (e.g., Gray, Cummins, Johnson, & Mason, 1989; Longo, 1984) has been identified examining human sexuality as part of a school counselor preparation program.

The American School Counselor Association (ASCA) is the school counseling division of the American Counseling Association (ACA). ASCA (2012) posits the need for PSCs to implement personal/social skill development as part of a comprehensive and developmental school counseling program. Arguably, human sexuality is part of personal/social skill development (Millner & Upton, 2016), and therefore, issues concerning sexuality fall within the scope and practice of the PSC. Furthermore, the ASCA National Model identifies school counselor competencies including knowledge (i.e., II-A-5; developmental issues affecting student success), attitudes (i.e., II-C-3; promotes and supports personal/social development for every student), and skills (i.e., IV-B-2g; helping students monitor and direct their own personal/social development) that the PSC should possess (ASCA, 2012). It is the duty of school counselor preparation programs to instill these competencies (ASCA, 2012). The need for PSCs to be adequately trained to provide competent counseling surrounding issues of sexuality is thereby imperative.

The primary accrediting organization tasked to ensure that school counselor preparation programs are preparing school counselors to be successful in the 21st century is the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The 2016 CACREP standards do not directly mandate training in

human sexuality for school counselor trainees as they do for marriage, couple, and family counseling trainees or clinical rehabilitation counseling trainees; however, CACREP standards do mandate that “students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the...personal/social development of all P–12 students” (CACREP, 2016, p. 31). Furthermore, school counselor trainees must possess professional dispositions (CACREP, 2016) which include self-awareness.

Human Sexuality Domains

Upon examination of the professional literature with respect to this topic and consultation with a panel of experts, the authors created five domains that encapsulated nearly all aspects of human sexuality. These domains include: sexual behaviors (e.g., vaginal sex, oral sex, anal sex, and masturbation), sexual health (e.g., sexually transmitted infections, pregnancy, contraceptive use, and unprotected sex), sexuality and morality (e.g., religious views, political ideologies, and abortion), sexual identity (e.g., heterosexuality, homosexuality, bisexuality, and homophobia), and sexual violence (e.g., sexual harassment, sexual abuse, and sexual assault). These domains interface with many of the concerns that school students experience and present to the PSC.

According to the Centers for Disease Control and Prevention (CDC, 2014), 5.6% of school students in the United States will have engaged in sexual intercourse for the first time before the age of 13-years-old. Additionally, by their 18th birthday, nearly half (48%) of males and females will have had sexual intercourse (Finer & Philbin, 2013). In a 2010 study, data suggest that adolescents of all age groups, genders, races,

ethnicities, sexual orientations, geographical regions, and economic backgrounds are engaging in numerous sexual behaviors (Herbenick et al., 2010). At significantly high rates, these sexual behaviors could result in adverse health consequences such as unintended pregnancy, sexually transmitted infections, and infection with the human immunodeficiency virus (Fortenberry et al., 2010; Park & Breland, 2007).

In addition to sexual behavior and health, sexuality and morality often create many personal dilemmas based on one's religious and political beliefs. For example, these various views surround the prohibition of premarital sexual activity (Barkan, 2006; Leonard & Scott-Jones, 2010), pregnancy and abortion (Benson, 2004; Ehrlich, 2003), and perception of sexual identity (Bidell, 2005). In Herbenick's et al. (2010) nationwide study, 12.9% of adolescents consider themselves as something other than heterosexual indicating that there is a chance these sexual minority adolescents will suffer the negative impacts of stigmatization and hostility by classmates (DePaul, Walsh, & Dam, 2009; Espelage, Aragon, Birkett, & Koenig, 2008; Greene, Britton, & Fitts, 2014; Grossman & D'Augelli, 2007; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010, Lemoire & Chen, 2005; Vargas et al., 2008; Wilkinson & Pearson, 2009). Within the school setting, nearly 80% of adolescent school students, both male and female, heterosexual and homosexual alike, will experience some type of verbal or physical sexual harassment (Greenberg, Bruess, & Haffner, 2000; Kosciw et al., 2010; Wilkinson & Pearson, 2009). Children and adolescents are also experiencing sexual violence outside of school such as sexual assault or abuse (Bogar & Hulse-Killacky, 2006; Foshee et al., 2009; Herman, 2009; Livingston, Hequembourg, Testa, & VanZile-Tamsen, 2007; Putman, 2009; Sears, Byers, Whelan, & Saint-Pierre, 2006). Studies suggest that as many as 30% of rape

victims were between the ages of 11 and 17 and as many as 77% of adolescent girls have been forced to engage in other sexual activities (Foshee et al., 2009).

Purpose of the Study

Because PSCs are among the school professionals most likely to be confronted with student concerns related to sexuality, it is critical to examine the frequency in which the PSC is providing such counseling and how the PSC is trained. Because human sexuality training is not currently mandated for PSCs, it is at the discretion of the school counselor preparation programs to elect whether or not to offer human sexuality training and how to offer that training. A lack of training could potentially raise an ethical question if PSCs are offering sexuality counseling outside the boundaries of their competence. Because minimal research has identified human sexuality as part of a school counselor preparation program, the purpose of this preliminary study is to offer an examination of PSCs' perceived preparedness with respect to their knowledge, skills, and self-awareness within five identified human sexuality domains (behavior, health, morality, identity, violence). The five human sexuality domains were selected based on a thorough literature review of existing research related to human sexuality and themes identified by experts. Therefore, the following research question guided this study: Are there significant differences in the perceptions of professional school counselors' knowledge, skills, and self-awareness of the five human sexuality domains (behavior, health, morality, identity, violence) across grade level (elementary vs. secondary) and three human sexuality training groups (human sexuality course, human sexuality infused, or no human sexuality training)?

Method

Participants

The target population from which a sample was drawn to conduct the present study was comprised of currently employed PSCs throughout Northeast, Midwest, Central Atlantic, and Southern states, including the District of Columbia. A total of 692 surveys were electronically submitted to the researchers. Of the 692 surveys collected, 165 were removed because the participants did not complete the survey in its entirety. Of the remaining 527 participants, 41 could not fit exclusively into either the elementary or secondary group so those surveys were not considered for this study because grade level was a critical independent variable in the analyses. All of the remaining 486 surveys that were used in this study had no missing data. PSCs ($N = 486$), who worked exclusively with either elementary (grades K-6; $n = 230$) or secondary (grades 7-12; $n = 256$) school students, were sampled. The ages of participants in this study ranged from 25 to 67 ($M = 42$; $SD = 10.8$) with work experience as a PSC ranging from less than 1 year to 50 years ($M = 9$; $SD = 7.6$). The majority of participants were female ($n = 407$, 83.9%), Caucasian ($n = 432$, 89.3%), and Christian ($n = 373$, 76.9%), which is representative of the general population of PSCs.

Procedure

After Institutional Review Board (IRB) approval was granted, an e-mail was distributed through numerous listserv postings and to PSC membership directories in 21 states and the District of Columbia, describing the purpose of the study. This e-mail contained a link to an online survey housed at the SurveyMonkey website. Requests to complete the survey asked that only participants who were currently employed as PSCs

complete the study, as this was the target population. In accordance with IRB approval for this study, participants who followed the link to the survey were required to agree to an online informed consent form. Additionally, participants were required to self-report that they were currently employed as a PSC.

Measure

There were no preexisting measures to survey PSCs regarding their perceptions of their school counselor preparation programs and how those perceptions contributed to their knowledge, skills, and self-awareness related to human sexuality. As a result, the researchers utilized existing literature to identify a long list of topics commonly associated with children and adolescents. This list was then provided to 12 experts with significant levels of education, training, and experience in the fields of human sexuality, professional counseling, and counselor education. These experts systematically collaborated to identify themed areas that would encompass as many of these topics as possible. This resulted in the construction of five major themes addressing the previously mentioned human sexuality domains and the creation of a survey.

Once developed, the survey was again given to experts in the field of human sexuality, counseling, and counselor education. Each of the human sexuality domains and respective content items were reviewed for readability, comprehension, and validity of the questions for collecting the perceptions of knowledge, skills, and self-awareness among the five human sexuality domains. The survey was then piloted with PSCs and mental health counselors who were asked to provide any feedback for further refinement. All feedback from the experts and pilot group of professional counselors was incorporated into the survey to improve the content and construct validity.

The finalized survey was comprised of two sections. The first section contained 16 demographic questions including items such as gender, cultural identification, religious affiliation, age, years of experience, position status (full-time, part-time), geographic setting (urban, suburban, rural), institutional setting (public, private, religious), educational background, and master's level training in human sexuality. In addition, PSCs were asked whether it was the responsibility of the PSC to provide sexuality counseling to students, and regardless of their perceived responsibility, if they had in fact engaged in providing such services.

The second section was divided into five areas, one for each human sexuality domain. Under each of the domain areas, three Likert scale questions were presented to assess the perceptions of how well PSCs' school counselor preparation programs assisted them in developing the knowledge, skills, and self-awareness associated with that respective domain. Participants who were currently employed as PSCs at the time of this study were asked to respond to a 7-point agreement scale: 1 = *strongly disagree*; 2 = *disagree*; 3 = *somewhat disagree*; 4 = *neutral*; 5 = *somewhat agree*; 6 = *agree*; 7 = *strongly agree*. A Likert scale was used for this survey as it is one of the most widely used instruments for measuring opinion (Leung, 2011). For this study, a 7-point Likert scale was chosen to increase the variance and closer approximate normal distributions (Nunnally & Bernstein, 1994), to reduce skewness (Leung, 2011), and to reach the upper limits of reliability (Allen & Seaman, 2007). This scale also permitted participants to choose a neutral response, rather than force agreement or disagreement.

Each question was prefaced by one of three stems: (1) "My professional school counseling training program prepared me with the knowledge..." (2) "My professional

school counseling training program prepared me with the skills...” or (3) “My professional school counseling training program helped me to develop my self-awareness....” For each of the three stems, PSCs rated their perceived preparedness to provide counseling to elementary or secondary school students on sexuality issues around sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence (e.g., My professional school counseling training program prepared me with the knowledge to address questions, concerns, and issues related to students' sexual behaviors). Each participant was provided with examples for each of the aforementioned human sexuality domains.

Data Analysis

Once the anonymous responses to the surveys were collected from PSCs, descriptive statistics were performed to determine basic demographics of the sample and percentage responses to the survey items. All PSCs who participated in this study answered 15 Likert scale questions on a 7-point agreement scale based on their perceived preparedness to provide counseling to elementary or secondary school students on issues related to sexuality. Each PSC would receive a set of 15 different scores (knowledge, skills, and self-awareness x five human sexuality domains). For example, perceived preparation of knowledge on the sexual domain of behavior would provide a self-reported score between 1 (strongly disagree) and 7 (strongly agree). PSCs were then separated and placed into groups based on whether they worked exclusively with elementary or secondary school students. Overall group means were calculated for each of the individual 15 areas.

Additionally, PSCs were also placed in a second group based on the master's level training they received in human sexuality, if any, as part of the school counselor preparation program. Specifically, PSCs were categorized into three human sexuality training groups: those who have had a course primarily devoted to aspects of human sexuality (human sexuality course), those who had aspects of human sexuality incorporated throughout their curriculum (human sexuality infused), and those who did not have any master's level training in human sexuality (no human sexuality training). Again, overall means for each group were calculated for each of the individual 15 areas. Chi-square tests of independence were conducted for each of the demographic variables to determine if the distribution varied across the three human sexuality training groups. For all demographic variables (gender, cultural identification, religion, age, years of experience, position status, geographical setting, and type of institution), no significant differences were found indicating that the distribution was equivalent for each of the human sexuality training groups.

Three two-way multivariate analysis of variance (MANOVA) were conducted to determine the effects of grade level (elementary vs. secondary) of professional school counselors and three human sexuality training groups (human sexuality course, human sexuality infused, or no human sexuality training) on five sexual domains (sexual behaviors, sexual health, sexuality and morality, sexual identity, and sexual violence). A separate MANOVA was conducted to determine the effects of knowledge, skills, and self-awareness. Cronbach's alpha levels were calculated for each content item among the human sexuality domains: knowledge ($\alpha = .87$), Skills ($\alpha = .88$), and self-awareness ($\alpha = .92$).

Results

Human Sexuality Preparation

With respect to master's level training in human sexuality as part of one's school counselor preparation program, 18% ($n = 86$) of PSCs reported having a human sexuality course, 49% ($n = 238$) reported having human sexuality infused, and 33% ($n = 162$) reported having no sexuality training whatsoever. It is interesting to note that PSCs who received some form of sexuality training, whether in a human sexuality course or having human sexuality infused throughout the curriculum, were more likely to have graduated from a CACREP accredited school counselor preparation programs in comparison to students who did not receive any human sexuality training $\chi^2(4, N = 486) = 23.09, p < .000$.

Participants were asked if it was within the responsibility of the PSC to provide counseling to students regarding issues related to sexuality. Across all participants, 37.1% ($n = 180$) did not believe it was the responsibility of the PSC to provide counseling to students regarding issues of sexuality. A chi-square test was performed and revealed no significant differences in whether PSCs believe it is their responsibility to provide counseling to students on sexuality across the three human sexuality training groups. However, secondary PSCs were more likely to perceive it was their responsibility to provide counseling to students on sexuality ($n = 172, 67.2%$) than elementary PSCs ($n = 134, 58.1%$); $\chi^2(1, N = 486) = 4.297, p = .038$.

Participants were also asked if they ever provided counseling to an elementary or secondary school student on an issue associated with sexuality. Of all PSCs, 75.1% ($n = 365$) reported having provided sexuality counseling. There were no significant

differences found between PSCs who provided counseling to elementary or secondary school students on sexuality and their prior training in human sexuality. However, secondary PSCs were more likely to provide counseling to students on sexuality ($n = 231, 90.2\%$) than elementary ($n = 134, 58.3\%$); $\chi^2(1, N = 486) = 66.238, p < .000$.

Knowledge

MANOVA results indicated a main effect of grade level [Wilks's $\Lambda = 0.966, F(5, 476) = 3.380, p = .005, \eta^2 = .034$] and human sexuality training [Wilks's $\Lambda = .717, F(10, 952) = 17.205, p < .001, \eta^2 = .153$] on the composite dependent variable of knowledge. No significant interaction was found. Univariate ANOVAs were conducted as follow-up tests for each of the five human sexuality domains on knowledge. Results indicated that secondary PSCs perceived having received significantly higher levels of human sexuality training than elementary PSCs for sexual behavior $F(1, 480) = 11.469, p = .001$; sexual health $F(1, 480) = 8.699, p = .003$, sexual identity $F(1, 480) = 8.904, p = .003$, and sexual violence $F(1, 480) = 5.327, p = .021$. Means and standard deviations of the three content items among human sexuality domains across grade level are reported in Table 1.

Table 1

Means and Standard Deviations of Knowledge, Skills, and Self-Awareness Among Sexuality Domains Across Grade Level

| Knowledge, Skills, and Self-Awareness Among Human Sexuality Domains | Elementary ($n=230$) | | Secondary ($n=256$) | |
|---|---------------------------|-----------|--------------------------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Knowledge | | | | |
| • Behavior | 2.90 | 1.667 | 3.39 | 1.727 |
| • Health | 3.28 | 1.667 | 3.73 | 1.713 |
| • Morality | 3.70 | 1.695 | 3.91 | 1.759 |
| • Identity | 4.03 | 1.884 | 4.54 | 1.652 |

| Knowledge, Skills, and Self-Awareness Among Human Sexuality Domains | Elementary (<i>n</i> =230) | | Secondary (<i>n</i> =256) | |
|---|--------------------------------|-----------|-------------------------------|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| • Violence | 4.14 | 1.788 | 4.54 | 1.649 |
| Skills | | | | |
| • Behavior | 3.09 | 1.707 | 3.55 | 1.753 |
| • Health | 3.48 | 1.748 | 4.01 | 1.721 |
| • Morality | 3.89 | 1.719 | 4.18 | 1.777 |
| • Identity | 4.13 | 1.824 | 4.63 | 1.623 |
| • Violence | 4.32 | 1.783 | 4.65 | 1.631 |
| Self-Awareness | | | | |
| • Behavior | 3.83 | 1.931 | 4.10 | 1.876 |
| • Health | 3.95 | 1.809 | 4.29 | 1.750 |
| • Morality | 4.20 | 1.781 | 4.48 | 1.767 |
| • Identity | 4.37 | 1.809 | 4.91 | 1.608 |
| • Violence | 4.52 | 1.702 | 4.77 | 1.576 |

Note. Perception of Human Sexuality Training: 1 = strongly disagree; 2 = disagree; 3 = somewhat disagree; 4 = neutral; 5 = somewhat agree; 6 = agree; 7 = strongly agree

Results for sexual training indicated significant differences for each of the five human sexuality domains; sexual behavior $F(2, 480) = 60.163, p < .001$, sexual health $F(2, 480) = 47.323, p < .001$, sexual morality $F(2, 480) = 32.531, p < .001$, sexual identity $F(2, 480) = 54.407, p < .001$, and sexual violence $F(2, 480) = 29.371, p < .001$. Means and standard deviations of the three content items among human sexuality domains across training groups are reported in Table 2. Post hoc results indicated that significant differences among human sexuality training groups were found between PSCs who have had a human sexuality course and PSCs who have not had any human sexuality training in all five human sexuality domains. Additionally, post hoc results also indicated significant differences between PSCs who have had human sexuality infused and PSCs who did not have any human sexuality training in all five human sexuality domains. Among all five human sexuality domains, the only significant differences

between PSCs who have had a human sexuality course and PSCs who have had human sexuality infused were found within the domains of sexual behavior ($p < .001$) and sexual health ($p = .002$).

Table 2

Means and Standard Deviations of Knowledge, Skills, and Self-Awareness among Sexuality Domains across Training Level

| Knowledge, Skills, and Self-Awareness among Human Sexuality Domains | Human Sexuality Course ($n=86$) | | No Human Sexuality Training ($n=162$) | | Human Sexuality Infused ($n=238$) | |
|--|---|-----------|---|-----------|---|-----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Knowledge | | | | | | |
| • Behavior | 4.30 | 1.674 | 2.18 | 1.246 | 3.41 | 1.663 |
| • Health | 4.42 | 1.619 | 2.59 | 1.514 | 3.82 | 1.574 |
| • Morality | 4.29 | 1.548 | 2.96 | 1.708 | 4.21 | 1.597 |
| • Identity | 4.87 | 1.493 | 3.22 | 1.722 | 4.82 | 1.576 |
| • Violence | 4.74 | 1.639 | 3.54 | 1.759 | 4.76 | 1.537 |
| Skills | | | | | | |
| • Behavior | 4.12 | 1.676 | 2.43 | 1.444 | 3.66 | 1.705 |
| • Health | 4.44 | 1.635 | 2.78 | 1.614 | 4.18 | 1.598 |
| • Morality | 4.52 | 1.524 | 3.17 | 1.767 | 4.46 | 1.600 |
| • Identity | 4.83 | 1.543 | 3.41 | 1.768 | 4.90 | 1.489 |
| • Violence | 4.78 | 1.683 | 3.73 | 1.787 | 4.91 | 1.483 |
| Self-Awareness | | | | | | |
| • Behavior | 4.86 | 1.777 | 3.04 | 1.769 | 4.48 | 1.783 |
| • Health | 4.76 | 1.694 | 3.27 | 1.818 | 4.48 | 1.572 |
| • Morality | 4.94 | 1.544 | 3.55 | 1.815 | 4.67 | 1.644 |
| • Identity | 5.15 | 1.475 | 3.73 | 1.749 | 5.10 | 1.498 |
| • Violence | 5.00 | 1.616 | 3.87 | 1.749 | 5.05 | 1.366 |

Note. Perception of Human Sexuality Training: 1 = *strongly disagree*; 2 = *disagree*; 3 = *somewhat disagree*; 4 = *neutral*; 5 = *somewhat agree*; 6 = *agree*; 7 = *strongly agree*

Skills

MANOVA results indicated a main effect of grade level [Wilks's $\Lambda = 0.970$, $F(5, 476) = 2.935$, $p = .013$, $\eta^2 = .030$] and human sexuality training [Wilks's $\Lambda = .780$, $F(10, 952) = 12.618$, $p < .001$, $\eta^2 = .117$] on the composite dependent variable of skills. No significant interaction was found. Univariate ANOVAs were conducted as follow-up tests for each of the five human sexuality domains on skills. Results indicated that secondary PSCs perceived having received significantly higher levels of human sexuality training than elementary PSCs for sexual behavior $F(1, 480) = 7.913$, $p = .005$; sexual health $F(1, 480) = 10.622$, $p = .001$, and sexual identity $F(1, 480) = 6.768$, $p = .010$.

Results for human sexuality training indicated significant differences for each of the five human sexuality domains; sexual behavior $F(2, 480) = 40.226$, $p < .001$, sexual health $F(2, 480) = 45.464$, $p < .001$, sexual morality $F(2, 480) = 33.469$, $p < .001$, sexual identity $F(2, 480) = 45.226$, $p < .001$, and sexual violence $F(2, 480) = 26.710$, $p < .001$. Post hoc results indicated that significant differences among human sexuality training groups were found between PSCs who have had a human sexuality course and PSCs who did not have any human sexuality training in all five human sexuality domains. Additionally, post hoc results also indicated significant differences between PSCs who have had human sexuality infused and PSCs who did not have any human sexuality training in all five sexual domains. Among all five human sexuality domains, the only significant differences between PSCs who have had a human sexuality course and PSCs who have had human sexuality infused were found within the domain of sexual behavior ($p = .026$).

Self-Awareness

MANOVA results for self-awareness indicated a main effect of human sexuality training only [Wilks's $\Lambda = .812$, $F(10, 952) = 10.465$, $p < .001$, $\eta^2 = .099$] on the composite dependent variable of self-awareness. Univariate ANOVAs were conducted as follow-up tests for each of the five human sexuality domains on self-awareness. Results indicated that grade level does not differ significantly for the five human sexuality domains. Results for sexual training indicated significant differences for each of the five human sexuality domains; sexual behavior $F(2, 480) = 36.544$, $p < .001$, sexual health $F(2, 480) = 31.997$, $p < .001$, sexual morality $F(2, 480) = 27.293$, $p < .001$, sexual identity $F(2, 480) = 40.118$, $p < .001$, and sexual violence $F(2, 480) = 30.337$, $p < .001$.

Post hoc results indicated that significant differences among human sexuality training groups were found between PSCs who have had a human sexuality course and PSCs who did not have any human sexuality training in all five human sexuality domains. Additionally, post hoc results also indicated significant differences between PSCs who have had human sexuality infused and PSCs who did not have any human sexuality training in all five sexual domains. Among all five human sexuality domains, the only significant differences between PSCs who have had a human sexuality course and PSCs who have had human sexuality infused were found within the domain of sexual behavior ($p = .012$).

Discussion

As a result of this study, it was discovered that 33% ($n = 162$) of PSCs reported that they did not receive any master's level training in human sexuality. It must be noted

that this study does not examine what was acquired by a practicing PSC through post-graduate education, training, or professional development, but focused solely on master's level school counselor preparation. Based on the literature review of the five human sexuality domains describing the developmental aspects of childhood and adolescent sexuality, 33% is a relatively high percentage of PSCs to have completed a master's level school counselor preparation program without any introduction to human sexuality. This finding is particularly salient given that 58.3% ($n = 134$) of elementary and 90.2% ($n = 231$) of secondary PSCs reported providing sexuality counseling to their students. This research finding further suggests that PSCs may be practicing with skills in which they have had no master's level education or training.

The ACA Code of Ethics states that “counselors practice only within the boundaries of their competence based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (ACA, 2014, C.2.a). Likewise, the ASCA Ethical Standards for School Counselors agree that professional school counselors must “function within the boundaries of individual professional competence” (ASCA, 2010, E.1.a). This study highlights that a large majority of practicing PSCs did not receive any master's level training in human sexuality but provided sexuality counseling to elementary and secondary school students anyway. PSCs who have not had any human sexuality training as part of their master's level school counselor preparation programs and who have not sought out additional training in human sexuality are potentially practicing outside the boundaries of their professional competence, if they are providing counseling to students on sexuality related issues.

A lack of training in human sexuality counseling may compel PSCs to practice by drawing from their own personal beliefs as opposed to drawing from education and training. Personal beliefs, such as religious convictions (Balkin, Watts, & Ali, 2014; Balkin, Schlosser, & Levitt, 2009) or political ideologies (Bidell, 2014; Satcher & Leggett, 2007) may play a substantial role with counselors who are unaware of their own beliefs or biases. Moreover, this study further supports the reality of PSCs practicing outside the boundaries of their professional competence by suggesting that school counselor trainees who did not receive education or training in human sexuality consider themselves less prepared upon graduation to counsel children and adolescents regarding sexuality related issues due to a lack of knowledge, skills, and self-awareness in all five of the aforementioned human sexuality domains.

A lack of knowledge, skills, and self-awareness in any one of the five human sexuality domains may result in a PSC with no training to impose personal sexual values on to children and adolescents. PSCs utilizing skills in which they were not trained may be practicing outside the boundaries of individual competence (ACA, 2014) and, therefore, may cause unintentional harm to a potentially vulnerable population (Kitzrow, 2002). This raises numerous ethical questions and concerns about school counselor preparation programs with respect to human sexuality training, particularly when graduates are providing sexuality counseling without the necessary knowledge, skills, and self-awareness.

When discussing human sexuality training within school counselor preparation programs, one has to consider the openness of all parties involved in giving and receiving such training. Training in human sexuality may easily be one of the most

difficult types of training for a counselor educator to give or a school counselor trainee to receive. This is a sensitive topic of a personal and private nature and it may be difficult for some individuals to discuss it openly (Watt et al., 2009). Considering its personal and private nature, it is recognized that all school counselor trainees were likely raised in households with formed values and opinions about individual openness when it comes to matters of sexuality. It is also possible that school counselor trainees may have given little consideration to the importance of such training. This is especially true if PSCs believed that they were unlikely to find themselves being responsible to provide sexuality counseling to students in school settings.

In this study, 41.9% ($n = 96$) of elementary and 32.8% ($n = 84$) of secondary PSCs reported that it is not the responsibility of the PSC to provide counseling to students regarding issues surrounding sexuality. It is possible that secondary PSCs are more likely to perceive that it is their responsibility to provide sexuality counseling because 90.2% ($n = 231$) of them found themselves doing so as part of their counseling services. It is interesting to note that 41.9% ($n = 96$) of elementary PSCs surveyed reported that they did not believe that it was their responsibility to provide counseling to students in the area of sexuality. This is nearly the same percentage ($n = 96$, 41.7%) of elementary PSCs who never provided sexuality counseling to students. The belief that it is not the PSC's responsibility to provide sexuality counseling to school students was noted, although CACREP and ASCA mandate for trainees to develop competencies and clinical skills specifically pertaining to personal/social development. Arguably, the topic of sexuality falls within the focus of personal/social development.

Regardless of the PSCs' perceptions or beliefs about training in human sexuality, this research illustrates that a majority of PSCs are providing counseling to students around issues of a sexual nature regardless of whether or not they were trained specifically in this area. This finding is especially relevant when 33% ($n = 162$) of PSCs reported not having any type of human sexuality training at all. The incongruity of PSCs providing counseling and not having received adequate training illustrates a major gap in counselor education and school counselor preparation programs as well as raises ethical concerns.

Implications for Counselor Education

The findings from this study that were outlined above have several important implications for school counselor preparation programs. These findings suggest that PSCs are likely to be confronted by children and adolescents with topics related to sexuality in any one of the five human sexuality domains at some point in their careers. It further suggests that when PSCs are confronted by students who are experiencing sexual concerns, they will most likely provide those students with counseling regardless of their skill or training level, which may fall outside the boundaries of their competence. PSCs who did not receive any master's level training in human sexuality perceived their knowledge, skills, and self-awareness to be significantly lower than their counterparts who had received training, regardless of the amount.

Counselor education programs must prepare school counselor trainees for the actuality of their future role in schools, which includes providing sexuality counseling to children or adolescents. Therefore, it is imperative that school counselor preparation programs offer school counselor trainees some form of human sexuality training. This

study found that it was just as beneficial to offer students a single course devoted primarily to aspects of human sexuality as it was to incorporate human sexuality throughout a school counselor preparation program. This is an important finding because some programs may be limited in course offerings for students and it may be more feasible to include human sexuality content into already existing courses that are required. It should not be assumed that sexuality is being covered in other courses. Therefore, school counselor preparation programs should systematically determine how and where sexuality issues will be addressed in the curriculum. It is suggested that knowledge, skills, and self-awareness serve as indicators for measuring competency across each of the five identified human sexuality domains.

Implications for Future Research

Despite the important findings of this study, there are several implications for future research. Perhaps of utmost importance is the need for a psychometrically sound instrument that could better measure each of the five identified human sexuality domains. An established psychometric instrument could prove useful in addressing a number of future research questions and thus contribute greatly to the lack of professional literature in this area. There remain a number of additional questions about how counselor education programs provide human sexuality training to PSCs and how PSCs receive this training. This research only surveyed PSCs on their perceptions of what their master's level school counselor preparation programs taught them about human sexuality. Future research may want to survey counselor education programs on their perceptions of how they deliver such training to trainees in other counseling disciplines, in addition to school counseling. Specifically, it may be important to

ascertain the extent to which counselor education programs offer training in human sexuality, how they perceive the adequacy of the training offered, what qualifies a counselor educator to teach courses in human sexuality, and best practices to deliver such content.

Because 37% of PSCs reported that it was not their responsibility to provide counseling to students around areas of sexuality, this also raises the question of whom PSCs believe should be providing counseling to students in this particular area. Furthermore, due to the scant literature that exists examining the role of the PSC in addressing the broader range of human sexuality issues presented in school systems, investigation regarding what PSCs are doing across the country is warranted.

Limitations

This study recognized that minimal research exists that specifically examines the role of PSCs in addressing the broader range of human sexuality issues presented to them in school systems and the sexuality training PSCs receive as part of a school counselor preparation program. With this lack of research comes the lack of a preexisting psychometrically sound instrument that could measure PSCs perceptions of their school counselor preparation programs and how those perceptions contributed to their knowledge, skills, and self-awareness related to human sexuality. Therefore, the survey used in this study had to be created by the researchers and was administered to a group of practicing PSCs throughout the Northeast, Midwest, Central Atlantic, and Southern geographic regions of the United States. The participants in this study are not representative of a nationwide sample.

Due to the reserved nature of the topic of sexuality, it is possible that the large percentage of PSCs who reported not having received training is misrepresented as a result of one's lack of openness to receive such training. PSCs who reported inadequate training may have been affected by their own resistance or countertransference issues that prevented them from fully benefitting from such training. Therefore, they may have been unable or unwilling to acquire the necessary knowledge, skills, and self-awareness with respect to the five human sexuality domains.

Conclusion

In conclusion, there was a notable difference in PSCs who received no training in human sexuality versus those who had at least some training. It is clear that elementary and secondary school students will seek out consultation from PSCs. While the majority of PSCs provided sexuality counseling, many reported having felt ill-equipped to adequately do so. School counselor preparation programs need to be more intentional in the training of PSCs. This is to ensure that elementary and secondary school students, who seek information in any of the human sexuality domains, will receive adequate counseling from knowledgeable, skillful, and self-aware professionals who are practicing within the limitations of their school district policies and within the boundaries of their professional competence.

References

- Allen, E., & Seaman, C. (2007). Likert scales and data analyses. *Quality Progress*, 40(7), 64-65.
- American Counseling Association. (2014). *Code of ethics*. Alexandria, VA: Author
- American School Counselor Association. (2010). *Ethical standards for school counselors*. Alexandria, VA: Author
- American School Counselor Association. (2012). *The ASCA National Model: A framework for school counseling programs* (3rd ed.). Alexandria, VA: Author
- Balkin, R. S., Schlosser, L. Z., & Levitt, D. H. (2009). Religious identity and cultural diversity: Exploring the relationships between religious identity, sexism, homophobia, and multicultural competence. *Journal of Counseling & Development*, 87, 420-428. doi:10.1002/j.1556-6678.2009.tb00126.x
- Balkin, R. S., Watts, R. E., & Ali, S. R. (2014). A conversation about the intersection of faith, sexual orientation, and gender: Jewish, Christian, and Muslim perspectives. *Journal of Counseling & Development*, 92, 187-193. doi:10.1002/j.1556-6676.2014.00147.x
- Barkan, S. E. (2006). Religiosity and premarital sex in adulthood. *Journal for the Scientific Study of Religion*, 45, 407-417. doi:10.1111/j.1468-5906.2006.00315.x
- Benson, M. J. (2004). After adolescent pregnancy: Parents, teens, and families. *Child and Adolescent Social Work Journal*, 21, 435-455. doi:10.1023/B: CASW.0000043358.16174.c6
- Bidell, M. P. (2005). The Sexual Orientation Counselor Competency Scale: Assessing attitudes, skills, and knowledge of counselors working with lesbian, gay, and

- bisexual clients. *Counselor Education and Supervision*, 44, 267-279.
doi:10.1002/j.1556-6978.2005.tb01755.x
- Bidell, M. P. (2014). Personal and professional discord examining religious conservatism and lesbian, gay, and bisexual affirmative counselor competence. *Journal of Counseling & Development*, 92, 170-179. doi:10.1002/j.1556-6676.2014.00145.x
- Bogar, C. B., & Hulseley-Killackey, D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *The Journal of Counseling & Development*, 84, 318-327. doi:10.1002/j.1556-6678.2006.tb00411.x
- Buck, A., & Parrotta, K. (2014). Students teach sex education: Introducing alternative conceptions of sexuality. *Sex Education*, 14(1), 67-80. doi:10.1080/14681811.2013.830968
- Centers for Disease Control and Prevention. (2014). Youth risk behavior surveillance system—United States, 2013. *Morbidity and Mortality Weekly Report*, 63(4), 63-64.
- Council for Accreditation of Counseling and Related Educational Programs. (2016). *The 2016 Standards*. Retrieved from: <http://www.cacrep.org/wp-content/uploads/2016/02/2016-Standards-with-Glossary-rev-2.2016.pdf>
- DePaul, J., Walsh, M. E., & Dam, U. C. (2009). The role of school counselors in addressing sexual orientation in schools. *Professional School Counseling*, 12, 300-308.

- Dycus, S., & Costner, G. M. (1990). Healthy early-adolescent development (11-13 year olds): Implementing a human sexuality curriculum for seventh graders. *Elementary School Guidance and Counseling, 25*(1), 46-53.
- Ehrlich, J. S. (2003). Choosing abortion: Teens who make the decision without parental involvement. *Gender Issues, 21*(2), 3-39. doi:10.1007/s12147-003-0014-z
- Espelage, D. L., Aragon, S. R., Birkett, M., & Koenig, B. W. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and schools have? *School Psychology Review, 37*, 202-216.
- Finer, L. B., & Philbin, J. M. (2013). Sexual initiation, contraceptive use, and pregnancy among young adolescents. *Pediatrics, 131*(5), 886-891. doi:10.1542/peds.2012-3495
- Fortenberry, J. D., Schick, V., Herbenick, D., Sanders, S. A., Dodge, B., & Reece, M. (2010). Sexual behaviors and condom use at last vaginal intercourse: A national sample of adolescents ages 14 to 17 years. *Journal of Sexual Medicine, 7*, 305-314. doi:10.1111/j.1743-6109.2010.02018.x
- Foshee, V. A., Benefield, T., Suchindran, C., Ennett, S. T., Bauman, K. E., Karriker-Jafee, K. J., ... Mathias, J. (2009). The development of four types of adolescent dating abuse and selected demographic correlates. *Journal of Research on Adolescence, 19*, 380-400. doi:10.1111/j.1532-7795.2009.00593.x
- Gray, L. A., Cummins, E. J., Johnson, B. P., & Mason, M. J. (1989). Human sexuality instruction in counselor education curricula. *Counselor Education and Supervision, 28*, 305-317. doi:10.1002/j.1556-6978.1989.tb01121.x

- Greene, D. C., Britton, P. J., & Fitts, B. (2014). Long-term outcomes of lesbian, gay, bisexual, and transgender recalled school victimization. *Journal of Counseling & Development, 92*, 406-417. doi:10.1002/j.1556-6676.2014.00167.x
- Greenberg, J. S., Bruess, C. E., & Haffner, D. W. (2000). *Exploring the dimensions of human sexuality*. Sudbury, MA: Jones & Bartlett.
- Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicidal and Life-Threatening Behavior, 37*(5), 527–537. doi:10.1521/suli.2007.37.5.527
- Heller, J.R., & Johnson, H. L. (2013). Parental opinion concerning school sexuality education in a culturally diverse population in the USA. *Sex Education, 13*(5), 548-559. doi:10.1080/14681811.2013.775063
- Herbenick, D., Reece, M., Schick, V., Sanders, S. A., Dodge, B., & Fortenberry, J. D. (2010). Sexual behavior in the United States: Results from a national probability sample of men and women ages 14-94. *Journal of Sexual Medicine, 7*, 255-265. doi:10.1111/j.1743-6109.2010.02012.x
- Herman, J. W. (2009). There's a fine line...adolescent dating violence and prevention. *Pediatric Nursing, 35*(3), 164-170.
- Jefferies, W. L., Dodge, B., Bandiera, F. C., & Reece, M. (2010). Beyond abstinence-only: Relationships between abstinence education and comprehensive topic instruction. *Sex Education, 10*(2), 171-185. doi:10.1080/14681811003666317.
- Kitzrow, M. A. (2002). Survey of CACREP-accredited programs: Training counselors to provide treatment for sexual abuse, *Counselor Education & Supervision, 42*, 107-118. doi:10.1002/j.1556-6978.2002.tb01803.x

- Kosciw, J. G., Greytak, E. A., Diaz, E. M., & Bartkiewicz, M. J. (2010). *The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. Retrieved from <http://glsen.org.nscs>
- Lemoire, S. J., & Chen, C. P. (2005). Applying person-centered counseling to sexual minority adolescents. *Journal of Counseling & Development, 83*, 146-154. doi:10.1002/j.1556-6678.2005.tb00591.x
- Leonard, K. C., & Scott-Jones, D. (2010). A belief-behavior gap? Exploring religiosity and sexual activity among high school seniors. *Journal of Adolescent Research, 25*, 578-600. doi:10.1177/0743558409357732
- Leung, S. O. (2011). A comparison of psychometric properties and normality in 4-, 5-, 6-, and 11-point Likert scales. *Journal of Social Science Research, 37*(4), 412-421. doi:10.1080//01488376.2011.580697
- Livingston, J. A., Hequembourg, A., Testa, M., & VanZile-Tamsen, C. (2007). Unique aspects of adolescent sexual victimization experiences. *Psychology of Women Quarterly, 31*, 331-343. doi: 10.1111/j.1471-6402.2007.00383.x
- Longo, J. J. (1984). *The role of the school counselor in sex education and sex counseling in elementary and secondary schools*. (Unpublished doctoral dissertation). University of Pennsylvania, Philadelphia, PA.
- Nunnally J. C., & Bernstein I. H. (1994). *Psychometric theory*. New York, NY: McGraw Hill.
- Millner, V., & Upton, A. W. (2016). Sexually active and sexually questioning students: The role of school counselors. *Ideas and research you can use: VISTAS 2016*. Retrieved from <http://www.counseling.org/knowledge-center/vistas>

- Park, M. J., & Breland, D. (2007). Starting on a healthy path: Promotion of young men's sexual health. *American Journal of Men's Health*, 1, 148-153. doi:10.1177/1557988307300784
- Putman, S. E. (2009). The monsters in my head: Posttraumatic stress disorder and the child survivor of sexual abuse. *Journal of Counseling & Development*, 87, 80-89. doi:10.1002/j.1556-6678.2009.tb00552.x
- Satcher, J., & Leggett, M. (2007). Homonegativity among professional school counselors: An exploratory study. *Professional School Counseling*, 11, 10-16.
- Sears, H. A., Byers, E. S., Whelan, J. J., & Saint-Pierre, M. (2006). "If it hurts you, then it is not a joke." Adolescents' ideas about girls' and boys' use of experience of abusive behavior in dating relationships. *Journal of Interpersonal Violence*, 21, 1991-1207. doi:10.1177/0886260506290423
- Tegtmeyer, V. (1980). The role of the school counselor in facilitating sexual development. *The Personnel and Guidance Journal*, 58, 430-433. doi:10.1002/j.2164-4918.1980.tb00424.x
- Vargas, K., Dew, B., Marshall, M., Graybill, E., Singh, E., Meyers, J., & Birckbichler, L. (2008). Bullying in schools toward sexual minority youth. *Journal of School Violence*, 7, 59-86. doi:10.1300/J202v07n02_05
- Watt, S. K., Curtis, G. C., Drummond, J., Kellogg, A. H., Lozano, A., Nicoli, G. T., & Rosas, M. (2009). Privileged identity exploration: Examining counselor trainees' reactions to difficult dialogues. *Counselor Education & Supervision*, 49, 86-105. doi:10.1002/j.1556-6978.2009.tb00090.x

Wilkinson, L., & Pearson, J. (2009). School culture and the well-being of same-sex-attracted youth. *Gender & Society*, 23, 542-568. doi:10.1177/0891243209339913

Biographical Statements

Richard Joseph Behun and Estelle Campenni work in the Department of Psychology and Counseling at Marywood University. Julie A. Cerrito works in the Department of Counseling and Human Services at the University of Scranton. David L. Delmonico works in the Department of Counseling, Psychology, & Special Education at Duquesne University.

Correspondence concerning this article should be addressed to Richard Joseph Behun, Department of Psychology and Counseling, Marywood University, 2300 Adams Avenue, Scranton, PA 18509. E-mail: behun@marywood.edu