To My husband, Dan Jack Donald, for his constant faith and everlasting love
I wish to thank the people who assisted me during this dissertation project. I thank my parents, John and Nita Martin, for teaching me the value of education from a very young age. They supported my goals and encouraged me to reach the highest educational level possible. They also helped to keep me going by frequently asking “How much longer do you have on that dissertation?” I thank my husband, Dan, for his love, faith, and support. He was always there when I needed comforting, entertainment, a good back rub, or someone to celebrate accomplishments and milestones with me. I thank my two puppies, Rygel and Ripley, for waking me up early on Saturdays to work on my dissertation and snoring softly during their many naps under my desk. I thank my chair, Dr. Sondra Smith Adcock, for her encouragement, her ideas, for sharing her precious family time with me, and for her amazing editing abilities. I would also like to thank my committee members, Dr. MaryAnn Clark, Dr. Ellen Amatea, and Dr. James Algina for all of their support and assistance with this process. I wish to thank the school counselors all across the state of Florida who took time out of their very busy days to participate in this study. And finally, I would like to thank all the students who open their lives to me every day and who helped to inspire this study.
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<tr>
<td>ACA</td>
<td>American Counseling Association</td>
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<tr>
<td>ASCA</td>
<td>American School Counselor Association</td>
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<td>EDMQ</td>
<td>Ethical Decision-Making Questionnaire</td>
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<td>SRES</td>
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This study investigated relationships between high school counselors’ ethical
decision-making, gender, attitudes towards gender, and sexual attitudes. Of the 161
respondents, only 157 participants’ data sets were included in the data set. Participants
completed the Ethical Decision-Making Questionnaire, The Brief Sexual Attitudes Scale
(Hendrick, Hendrick, & Reich, 2006), the Sex-Role Egalitarianism Scale (King & King,
1997) and a demographics questionnaire. Findings showed that student gender was
not significant in predicting the subscales of the Ethical Decision-Making Questionnaire.
Regression analyses indicated that counselor’s religious affiliation, counselor age, Sex-
Role Egalitarianism Scale scores, and frequency of counseling male students predict
Consensual Sexuality Activity subscale scores. Permissiveness and Birth Control
subscales and religious affiliation predict Sexual Activity with Victimization scores. And
Instrumentality, Birth Control, and the Sex-Role Egalitarianism Scale scores predict
Sexual Activity with HIV scores.
CHAPTER 1
INTRODUCTION

Scope

More than 47% of high school students in the United States have had sexual intercourse (Eaton et al., 2008). According to the 2009 Youth Risk Behavior Surveillance conducted by the Center for Disease Control, 62.3% of 12th grade students have had sexual intercourse (Eaton, D., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., et al., 2010). Sexual activity, as measured by having sexual intercourse within the past three months, was found to be pervasive in high school aged students. Rates increased throughout high school with 21.4% of students in 9th-grade, 29.1% in 10th grade, 40.3% in 11th grade, and 49.1% of students in 12th grade reporting sexual activity in the last 3 months. Furthermore, many students reported having had sex with more than one partner. Approximately 8.8% of 9th grade students have had sexual intercourse with 4 or more partners, 11.7% of 10th graders, 15.2% of 11th-graders, and 20.9% of 12th-graders (Eaton et al., 2010). Millions of high school students in the United States are at risk for harmful consequences related to sexual activity.

Sexual activity, especially with multiple partners, can put students at risk for unintended pregnancy and sexually transmitted infections. Nearly 750,000 women between the ages of 15 and 19 become pregnant each year—or approximately 42 per 1,000 women age 15-19 each year (Guttmacher Institute, 2006). The pregnancy rate in this age group had declined every year from 1990 to 2005. However, the pregnancy rate for this age group increased by three percent in 2006 and has remained steady at approximately 42 births per 1,000 women age 15-19 for the past several years (The National Campaign, 2010). Therefore, the pregnancy rate among young girls is still of
concern. Despite the small decrease since 1990, the United States has more teen pregnancies each year than most other developed countries. For example, the U.S. has twice as many teen pregnancies a year than England, Wales, and Canada and eight times as many as the Netherlands and Japan (Guttmacher Institute, 2006). Annually, more than 9 million cases of sexually transmitted infections are found in 15 to 24 year-olds. These cases among young people account for 48% of all reported cases of STI (Guttmacher Institute, 2006). Because rates of adolescent sexual activity and related outcomes (e.g., pregnancy and STI) remain high, many teachers, counselors, and health providers seek solutions about how to approach matters of sexuality with youth. This study will address how high school counselors approach issues related to sexuality in their work with adolescents.

**Nature of the Problem**

The Guttermacher Institute (2010) reports that approximately 60% of teenagers engage in sexual intercourse by age 18. Students are also likely to have a number of related concerns or problems that involve their sexuality, such as choosing to engage in sexual activities and selecting partners, sexual harassment or sexual violence, homosexuality (gay, lesbian, bisexual, or transgendered) or coming out, accessing and using birth control methods, sexually transmitted infections, pregnancy, and making a decision to carry to term or terminate a pregnancy. High school students may experience a vast range of issues concerning their sexuality that often come to the attention of school personnel. School counselors are usually the school personnel called on to deal with student issues concerning sexuality. Therefore, it is appropriate for school counselors to assist with adolescents’ concerns related to sexuality activity,
as they are relevant to students' personal and social development. Bartlett & Portman (2002) argue the importance of school counselors’ participation in sexuality education:

School counselors often are only involved peripherally in school-based sexuality education. This is a result of considering sexuality education within the realm of the health education content areas. However, if sexuality education seeks to assist adolescents in gaining a positive view of sexuality by providing them with information, decision-making skills and peer refusal skills, school counselors must be actively involved in sexuality education development and implementation (p. 79).

Not only is it appropriate for school counselors to assist students with sexual issues through counseling services, school counselors may also help student by playing a direct role in school-based sex education.

Sexual development and sexual activity can affect students' decision-making in many areas of their lives, including academic, career, and personal or social development (Bartlett & Portman, 2002). Though it seems straightforward for school counselors to address sexuality as part of a guidance and counseling program, the role of school counselors in dealing with students’ sexuality can be confusing. To approach the issue of sexuality from a developmental perspective, various interventions may be needed. School counselors can create guidance plans to address undesirable outcomes such as unwanted pregnancies, academic failure or drop out due to pregnancy, contraction of sexuality transmitted infections, sex-role stereotyping, sexual harassment, discrimination based on sexuality differences, and sexual violence (Epstein et al., 2003; Klein, 1992). It also seems important for counselors to help students foster healthy sexual development by assisting students in adopting positive views of sexuality and making informed decisions.

When faced with helping students with issues related to sexuality, school counselors’ ethical decision-making can be complex. School counselors make ethical
decisions based on their knowledge of laws, counseling ethics, and school policies. When issues of sexuality arise, school counselors must decide when it is appropriate to keep adolescent information confidential or when to reveal that information to parents/guardians or other school personnel. For example, ethical dilemmas related to parent requests for information have been discussed in the school counseling literature (Davis & Mickelson, 1994; Glossoff & Pate, 2002; Huss, Bryant, & Mulet, 2008; Isaacs 1999; Ledyard, 1998, Mitchell et al., 2002). School counselors face a difficult task in balancing ethical and legal obligations to students, parents, and the school systems (Glossoff & Pate). Because of strong cultural mores that drive attitudes toward adolescent sexuality, a counselor’s decision to break or not break confidentiality is especially critical.

School counselors’ ethical decision to maintain or break confidentiality has been the topic of discussion and research for more than 20 years (Bodenhorn, 2006; Davis & Ritchie, 1993; Glossoff & Pate, 2002; Herlihy et al., 2002; Huey, 1986; Huss et al., 2008; Lazovsky, 2008; Sealandar, 1999; Stone & Issacs, 2003; Watson, 1990). As Remley and Herlihy (2001) suggested, “Confidentiality is one of the most fundamental of all professional obligations in counseling (p. 79).” Counseling is a helping process based on trust and focused on the significance and implications of an individual’s life experiences (Myrick, 2003). Myrick (2003) further defines counseling as “a personal relationship that allows students to explore their thoughts, emotions, behaviors, and experiences confidentially with the assistance of a trained, professional counselor (p.6).” Therefore, confidentiality is considered the foundation of the counseling relationship.
Hence, when confidentiality is breached, the effectiveness of counseling is compromised.  

The American School Counseling Association (ASCA) provides ethical standards to serve as guidelines for school counselors. Ethically, counselors have the same obligation to provide confidentiality for their children and adolescent clients as they would for adults. Some argue that the confidentiality rights of minor counseling clients are often misunderstood or disregarded (Huss et al., 2001). Research has shown that adolescents believe they should have the same rights to confidentiality as adults (Collins & Knowles, 1995). However, minors do not have the same legal rights as adults. Counselors are legally obligated to minor clients’ parents or guardians to help protect the safety of their children (Remley & Herlihy, 2001). Therefore, counselors must balance their moral and ethical duty to provide confidentiality for their minor client and the rights of the parent to know what is going on with their child (Baker, 2000).  

Some authors have argued that ethics are not always clear and therefore open to interpretation by counselors (Huey, 1986; Mitchell et al., 2002; Wagner 1981). The American Counseling Association’s ethical codes state that confidentiality should be broken in cases of child abuse and imminent harm to self or others (ASCA, 2004). Mitchell et al. (2002) argues, “Beyond these three primary instances where confidentiality must be broken, there is ambiguity concerning who has the right to information provided by minors in counseling sessions…neither the law nor the ethical codes provide specific and consistent guidance as to what school counselors should do in all situations where considerations of breaches of confidentiality are relevant (p.156).” Counselors interpret and apply ethical standards based on their individual morals,
beliefs, and attitudes (Huey, 1986). Wagner (1981) suggests that counselors experience ambivalence about their obligations to student clients, their parents, and other adult stakeholders because their own values are more similar to the values held by the other adults than to those of the child. For example, a teenager may believe that having unprotected sex with an intimate partner is appropriate, while their parents, counselor, and other school personnel may believe this behavior is harmful and requires adult intervention. However, as a new generation of school counselors begin their careers, it is possible that the values of younger counselors may be more similar to the values of high school students than the parents of high school students. Therefore, counselor age should be considered when examining counselors’ ethical decision-making.

The relationship between a counselor’s values and his or her interpretation of ethics and ethical decision-making has been examined in research. For example, Lazovsky (2008) suggests that decisions about confidentiality are measured against personal values, professional values, and other factors. School counselors are expected, by law, to break confidentiality in situations involving child abuse, danger to self or others, and court orders or subpoenas (Davis & Ritchie, 1993; Sealanders, 1999). However, counselors may interpret “clear and imminent danger” differently. Some counselors may view situations involving sexual activity or promiscuity, pregnancy, or abortion dangerous (Davis & Ritchie, 1993). When ethical decision-making is not clear, values, attitudes, and/or beliefs can influence how dangerous counselors perceive a student’s behavior to be (Glosoff & Pate, 2002; Isaacs, 1990).
High school students engaging in sexual activity are at risk for pregnancy and sexually transmitted infections. These and other possible consequences of a teenager’s sexual activity can affect his or her academic, career, and social/personal development. More research is needed to understand how a counselor’s values and attitudes affect his or her interpretation of ethics and ethical decision-making related to confidentiality and adolescent sexuality.

**Need for the Study**

School counselors are charged with balancing confidentiality for students and the rights of their parents (Bodenhorn, 2006; Isaacs, 1999; Mitchell et al., 2002; Moyer & Sullivan, 2008; Stone & Isaacs, 2003). Furthermore, school counselors must manage responsibilities to students, parents, teachers, and administrators and local policy makers (Mitchell et al., 2002; Lazovsky, 2008, Remley & Huey, 2002). Maintaining confidentiality for students can be challenging for school counselors because of the open nature of communication in education. Teachers, administrators, other school personnel, and parents often consult with each other and collaborate to meet the needs of the students they serve. Isaacs (1990) states, “Counselors are in a precarious position because they are charged with being consultants to other educators, who may not have the same obligations to a student’s privacy that the counselor does. . . Additionally, administrators or other student service personnel sometimes request information about counseling sessions for appropriate reasons (p. 259).” When asked for information about students by their colleagues, school counselors may not know how much information to provide (Lazovsky, 2008).

When situations involving adolescents’ sexuality are controversial or not clear-cut (e.g., sexual intercourse, sex crimes, contraception, pregnancy, abortion), which they
often are, counselors may not know what is legally or ethically a better decision. In these situations, school counselors rely more on their interpretations of ethical guidelines rather than legal responsibilities—allowing their decision-making process to be pervious to influence by individual values and beliefs (Moyer & Sullivan, 2008). Prior studies have suggested that counselors often disagree on whether or not to break confidentiality around sexual issues (Moyer & Sullivan, 2008). These authors have proposed that counselor disagreement as to whether or not to break confidentiality and notify parents may be due to the variation in counselor values and belief systems.

Counselors’ beliefs or attitudes about sexuality vary according to gender, which may alter the ethical decision-making process. Counselors, like all people, are socialized within their own environment to have beliefs about gender and gender roles. These belief systems are implicit and individuals are likely not aware of the specific roles and stereotypes in their gender schema (Stevens-Smith, 1995). Gender schema is a set of beliefs and attitudes about how males and females ‘should’ look and behave. For example, a person with egalitarian gender role beliefs accepts gender equality and supports non-traditional gender roles for men and women across different domains of life (King & King, 1997).

Research has shown that counselors’ beliefs about gender are not always egalitarian in nature and counselors may have stereotypical assumptions and biases about biological sex and gender roles (Seem & Johnson, 1998; Trepal et al., 2008). Trepal and colleges (2008), in a study of counselors in training, found that most counselors hold traditional gender role expectations and view men and women as opposites. For example, men were viewed by counselors in training as having difficulty
expressing emotions aside from anger and not being able to connect to others well (Trepal et al., 2008). Because counselors may hold stereotypical views concerning men and women, it is important to understand how counselors conceptualize gender in their work with clients (Trepal, Wester, & Shuler, 2008). Counselors’ beliefs about gender roles and sexuality are likely to affect how they make decisions about boys and girls who engage in sexual activity. Research is needed to examine how differences in gender attitudes relate to counselors’ ethical decisions to maintain or break confidentiality.

Gender role stereotypes can limit counseling effectiveness (Trepal et al., 2008) and potentially may harm clients (Gillon, 2007; Wester & Trepal, 2008). Counselors’ stereotypical beliefs can lead them to place limits on the client’s life choices (DeVoe, 1990; Gold & Hawley, 2001). Furthermore, counselors may make counseling decisions based on a biased assessment of the client (Seem & Johnson, 1998). For example, a counselor may ascribe to a sexual double standard, which permits men to have more sexual freedom than women. An additional example of using biased information to assess clients happens when a counselor assumes a client is heterosexual. Traditional formal and implicit sex education in public schools focuses on heterosexuality and either leaves out alternative sexualities or mentions them with negative connotations (Bay-Cheng, 2003; Epstein, O’Flynn, & Telford, 2003; Klein, 1992). Counselors may be unaware of how biases affect their ethical decision-making about students’ sexuality. However, because counselors’ decisions affect children’s lives every day, it is critical to examine how their decisions are made.
The study of sexuality from a historical perspective shows that sexual behavior is not universal: that is, much variety can be noted in different times and places throughout human evolution (Rathus, Nevid, & Fichner-Rathus, 2005). Consider, for example, the difference between the conservative, seemingly sexually repressed, Victorian society of Europe that covered ankles of chairs and the highly sexual ruling class of ancient Rome known for its practices of oral sex, bisexuality, bestiality, sadism, and orgies (Rathus et al., 2005). Just as the members of societies in history have held a vast range of sexual beliefs and practices, the members of our current, pluralistic society accept a variety of sexual attitudes and values (Rathus et al., 2005). For example, contemporary attitudes toward sexuality may range from the approval of premarital, casual sex with multiple partners to a steadfast belief in abstinence until marriage (Rathus et al., 2005). Despite the variety of sexual attitudes, practices, and values in America, government funded sex education in public schools has traditionally taught abstinence only (SIECES, 2008). Abstinence only sex education puts emphasis on failure rates for contraceptives, promotes heterosexuality, leaves out gay students, and omits discussions about sexual acts other than intercourse (SIECUS, 2008).

Rhatus et al. (2002) suggests, “Human sexuality appears to reflect a combination of biological, social, cultural, sociocultural, and psychological factors that interact in complex ways, perhaps in combinations that are unique for each individual (Rathus et al., 2002, p.33).” A school counselor’s individual attitudes about sexuality or gender roles may affect his or her emotional and cognitive reactions and interpretations of adolescent sexuality issues. For example, when discussing an unintended pregnancy, a school counselor who is pro-life may discourage a pregnant teenager from
considering abortion, or choose to break confidentiality and report an intended abortion to the students’ parents. On the other hand, a pro-choice counselor may openly discuss the client’s legal rights to an abortion, provide the student with information about where to obtain an abortion in their community, and choose to maintain confidentiality with their client.

Just as sexuality is complex and affected by many factors, so too are attitudes about sexuality. Sexual attitudes are believed to be multidimensional (Hendrick & Hendrick, 1987). A person may have attitudes in one area or topic that seems traditional whereas other attitudes may be non-traditional. Often an assumption is made that an individual is either conservative or liberal in their views and this is not usually the case. Therefore, in studies related to sexual attitudes, a measure addressing a full-range of issues is important (Hendrick, Hendrick, & Reich, 2006). Different areas related to sexual attitudes that have been studied and include permissiveness (i.e. items about casual sex and multiple sexual partners), birth control (i.e. importance of birth control and whose responsibility it is), communion (i.e. merging of souls, meaningfulness of sex), and instrumentality (i.e. physical pleasure) (Hendrick et al., 2006).

Additional counselor qualities and experiences may also be important to consider when examining ethical decision-making regarding adolescent sexuality. Counselor characteristics such as age, ethnic background, marital status, and years of experience may be related to how counselors view student sexual concerns. Counselors’ attitudes and beliefs may also be influenced by their political or religious affiliations. Counselors
experience level with counseling students regarding sexual concerns may also affect their decision-making process.

Although current literature suggests that a counselor’s values are important in how they make decisions, there is no research that specifically addresses the relationship between counselors’ values and ethical decisions related to adolescent sexuality. What is the relationship between a counselor’s values, beliefs, or attitudes and the counselor’s decision-making in ethical dilemmas specifically related to adolescent sexuality? The current study will address the relationships between ethical decision-making, gender, attitudes towards gender, attitudes towards sex, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), and amount of time spent counseling male and female students regarding sexual concerns.

**Theoretical Framework**

Feminism will be used as a theoretical framework for this study. The major feminist influence used in the construction of this study is the idea that value-free counseling is not possible and therefore counselors must constantly explore their own values and attitudes to assure that their beliefs are not imposed upon, nor harm, the client (Enns, 2004). This study will specifically examine counselors’ attitudes towards sexuality and attitudes towards gender as well as possible relationships between attitudes and counselors’ ethical decision-making.

Following a feminist approach, this study focuses on gender and gender inequality (Enns, 2004; Taylor, 1998; Tickner, 2005). Feminism suggests that perceptions of what behaviors are appropriate for males and females are influenced by socially influenced gender-role expectations and gender schema (Enns, 2005).
Feminists also emphasize the need for awareness of gender-role stereotyping, sexism, and discrimination. Feminist researchers view gender as a “stimulus variable that frames expectations, evaluations, and response patterns (Worell & Remer, 2003, p.277).”

Goals of feminism include eliminating the major differences in gender roles for men and women and allowing men and women to escape from narrowly defined gender-roles (Enns, 2005; Hill & Ballou, 2005). In studies of adolescent life events, female adolescents reported more stress and negative events than boys (Plunkett, Radmacher, & Moll-Phanara, 2000). Furthermore, some may argue that girls experience more conflict in adolescence than boys due to societal views of the female body (Unger & Crawford, 1992). Society may also have different expectations for boys and girls related to sexuality, chastity, or birth control. For example, promiscuity may be more acceptable for teenage boys while girls may be expected to remain chaste. Girls/women also are often viewed as having more responsibility for birth control than boys/men.

**Purpose of the Study**

Ethical issues concerning confidentiality faced by school counselors have been examined by researchers (Bodenhorn, 2006; Davis et al., 1993, 1994; Glossoff et al., 2002; Herman, 2002; Holowiak-Urquhart et al., 2005; Isaacs et al., 1999; Lazovsky, 2008; Mitchell et al., 2002; Mitchell et al., 2003; Moyer & Sullivan, 2008; Remley, 2002; Remley & Huey, 2002; Sealander, 1999; Stone & Isaacs, 2003; Wagner, 1981, 1983; and Watson, 1990). However, research examining the ethical dilemmas related to confidentiality and adolescent sexuality are limited. Much of the existing research has examined issues of sexuality in ethical decision-making only marginally, if at all.
(Bodernhorne, 2006; Colins & Knowles, 1995; Davis & Mickleson, 1994; Hermann, 2002; Isaacs, 1999; Lazovsky, 2008; Moyer & Sullivan, 2008; and Wagner, 1981). The purpose of this study is to examine factors related to school counselors’ decisions to maintain or break confidentiality in situations involving adolescent sexuality. Specifically, this study will look at relationships between high school counselors’ ethical decision-making, counselors’ gender, students’ gender, counselors’ attitudes toward gender and sexuality, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), and amount of time spent counseling male and female students regarding sexual concerns.

While past literature has suggested that making ethical decisions about maintaining or breaking confidentiality is related to counselor beliefs and attitudes, this study will examine the relationship quantitatively. Findings of the current study will provide new information about how ethical decision-making is related to counselors’ reported attitudes towards sexuality and gender. The gender of the counselor and the gender of the student in given scenarios will be considered factors in counselors’ decisions to maintain or break confidentiality.

Research Questions

• Is there a relationship between counselor gender, student gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissive, Birth Control, Communion and Instrumentality), and the total score of the Sex-Role Egalitarianism Scale (SRES)?

• Do counselor gender and student gender predict ethical decision-making as measured by the Ethical Decision-Making Questionnaire (EDMQ)?

• Do counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender predict scores on the Ethical Decision-Making Questionnaire (EDMQ)?
Do counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality predict scores on the Ethical Decision-Making Questionnaire (EDMQ)?

**List of Variables**

**Independent Variables**

- Counselor gender as reported by participants
- Student gender manipulated in Ethical Decision-Making Questionnaire
- Counselor sexual attitudes measured by The Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006)
- Counselor attitudes about gender measured by The Sex-Role Egalitarianism Scale Short Form KK (King & King, 1997)
- Counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation) as reported by participants.
- Frequency of counseling male students regarding sexual concerns as reported by participants.
- Frequency of counseling female students regarding sexual concerns as reported by participants.

**Dependent Variable**

- Counselor ethical decision-making measured by The Ethical Decision-Making Questionnaire

**Definition of Terms**

The following are selected terms as they are used in this study.

**ADOLESCENT.** Person experiencing the time period between onset of puberty and adulthood (Rathus, Nevid, & Fichner-Rathus, 2002).

**CONFIDENTIALITY.** “A situation in which one has been entrusted with the secrets or private affairs of another (Baker, 2000, p. 75).”
GENDER. “Culturally constructed beliefs and attitudes about the traits and behaviors of females and males (Worell & Remer, 2003, p. 10).”

GENDER ROLES. Gender roles are culturally constructed beliefs and attitudes about the traits and behaviors that society considers appropriate for females and males (Worell & Remer, 2003, p. 10 & 15).

GENDER ROLES STEREOTYPES. Gender role stereotypes include beliefs about men and women in limited roles and often including traditional role perspectives of men and women being viewed as opposites (King & King, 1997, Worell & Remer, 2003).

GENDER ROLE EGALITARIANISM. Gender Role Egalitarianisms can be defined as possessing contemporary beliefs of gender role equality and acceptance of non-traditional gender roles for men and women across different domains of life (King & King, 1997).

PROFESSIONAL SCHOOL COUNSELOR. A state-certified school guidance counselor currently employed in a school.

SEX (BIOLOGICAL). “A descriptive and biologically based variable that is used to distinguish two categories of individuals: females or males (Worell & Remer, 2003, p. 10).”

SEXUALITY. “The ways in which we experience and express ourselves as sexual beings (Rathus, Nevid, & Fichner-Rathus, 2002, p. 5).”

SEXUAL ATTITUDES. Beliefs one holds about sexuality and sexual behaviors (Hendrick & Hendrick, 1985; Hendrick, Hendrick & Reich, 2006).

SEXUAL ACTIVITY. "The oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual activity does not include an act done for a bona fide medical purpose (Florida Statute 800.04)."

Overview of the Remainder of the Study

Chapter 1 presented an introduction to the present study. Chapter 2 includes a review of the relevant literature. The methodology is described in Chapter 3. The results of the study are presented in Chapter 4. Chapter 5 includes a summary, a discussion of the results and implications, and well as recommendations for future research.
Presented in this chapter is a review of the literature relevant to this study. The first section of this chapter includes a review of ethics and laws related to confidentiality, conceptual literature, and a review of the relevant survey research. The next section includes literature on adolescent sexuality, legal issues, and sex education. The final section includes a review of literature on gender, gender attitudes, studies on counselor gender beliefs, and information about gender roles for boys and girls.

Confidentiality

The confidentiality section of the literature review includes ACA and ASCA ethics related to confidentiality, informed consent, legal issues such as parents rights, FERPA, and privileged communication. This will be followed by conceptual literature related to school counselors and confidentiality with minor clients, including advice for school counselors, and then a review of the survey research studying school counselor ethics and confidentiality.

Ethical Guidelines

The American School Counseling Association (ASCA) provides ethical standards for school counselors. According to the ethical standards preamble, “Each person has a right to privacy and thereby the right to expect the counselor-student relationship to comply with all laws, policies and ethical standards pertaining to confidentiality in the school setting” (ASCA, 2004, p.1). ASCA provides ethical standards for school counselors; however ethical standards do not include relevant laws and policies. School counselors are therefore required to find and interpret this information on their own. Relevant confidentiality laws may include the Family Educational Rights and
Privacy Act (FERPA), child abuse, duty to warn laws, and privileged communication. Policies could include local school board policies or the policies set by a school counselor’s employer. Huey (1986) encouraged counselors to follow local school policies to the extent that the policies did not countermand a counselor’s principal responsibility to the client. This may be difficult as some administrators may not fully understand school counselor ethical standards (Herlihy, 2002). As a result, the school counselor may have to choose between following professional ethics and local policies.

ASCA’s ethical standards require school counselors to inform students of the limits of confidentiality and for school counselors to “keep information confidential unless disclosure is required to prevent clear and imminent danger to the student or others when legal requirements demand that confidential information be revealed” (ASCA, 2004, p.1). Yet counselors may interpret the level of danger in student behavior differently. Huey (1986) stated that interpretation of ethical standards “is a function of the counselor’s personal values, beliefs, and attitudes (p.321).” These personal attributes may influence the risk perceived in a student’s behavior (Glosoff & Pate, 2002). Although research suggests that counselor values are relevant to counselor decision-making about confidentiality, the existing research does not fully explore the relationship, especially in terms of issues related to adolescent sexuality. The current study will address this relationship.

School counselors are often required to collaborate with a minor’s parents or guardians. ASCA ethical code states, “The professional school counselor has a primary obligation to the student, who is to be treated with respect as a unique individual” (ASCA, 2004, p.1). Yet, school counselors must also respect the rights and
responsibilities of parents (ASCA, 2004). School counselors are encouraged to collaborate with parents, providing “accurate, comprehensive, and relevant information” to help students reach their potential (ASCA, 2004, p.3). School counselors are expected to provide confidentiality for their clients, treat the minor clients with respect, collaborate with parents, and provide information to parents about their child all at the same time. These occasionally opposing obligations can be challenging for many counselors.

Ethical standards can place school counselors in a difficult situation that requires balancing the rights of students and their parents. Ethical dilemmas related to parent requests for information have been discussed in the school counselor literature (Davis & Mickelson, 1994; Glosoff & Pate; Isaacs, 1999; Ledyard, 1998, Mitchell et al., 2002). For example, Isaacs (1999) wrote, “High school counselors have to navigate the tricky waters between confidentiality that teenagers demand and parents’ rights to govern their children with full knowledge of important issues their children are facing (p. 259).” According to Glosoff and Pate, ethically, counselors are expected to provide confidentiality for their minor clients, yet legally minors “have no right to keep secrets from their parents (2002, p. 3).”

No American studies were found exploring students' beliefs about confidentiality and school counselors providing information to their parents. However, Collins and Knowles (1995) surveyed 559 (13 to 18-year-old) students attending Australian private schools. They found that adolescents believed they should have the same rights to confidentiality as adults. However, students surveyed also indicated that parents should be informed about issues such as sexuality, pregnancy, and sexual abuse. Students in
this study wanted privacy but also acknowledged that parents should be informed in some situations. Not only are the ethics and laws concerning minor’s rights to privacy in conflict, minors themselves may hold conflicting opinions about their rights and desires for privacy from their parents.

**Ethical Decision-Making Recommendations for School Counselors**

School counselors’ interpretations of ethical codes are influenced by their personal attitudes, values, and beliefs (Moyer & Sullivan, 2008; Wagner 1981). School counseling ethical standards address counselor values: The professional school counselor (1) is conscious of her own attitudes, beliefs, and values, (2) respects the values of her clients, and (3) avoids imposing her own beliefs onto the client (ASCA, 2004). However, counselors may become confused about their responsibilities to adolescent clients, parents/guardians, or other authorities due to the fact that the counselors’ own attitudes and values are more likely similar to other adults than their adolescent clients’ attitudes and values (Wagner, 1981). For this reason, counselors must consider their own personal and professional values when dealing with minor confidentiality (Lazovsky, 2008). In addition to being aware of one’s own attitudes and values, school counselors should also consider the values of the community in which they work (Daivs & Ritchie, 1993). For example, some communities might oppose a counselor giving students information about birth control or abortion.

In addition to requests for information from parents, other educators may also request counselors to reveal information about students. School counselors are vulnerable to breaching confidentiality in part due to their close contact with teachers, administrators, and other school staff (Isaacs, 1990; Lazovsky, 2008; Wagner, 1990; Watson, 1990). Counselors have served as consultants to school staff for several
decades (Hoskins, Astramovich, & Smith, 2007). The ASCA model highlights how school counselors can use consultation with parents and school staff to support student academic achievement, personal-social growth, and career development (ASCA, 2003). Consultation with other school staff is often collaborative and based on open communication (West & Idol, 1993). In addition to consulting with individual staff members, school counselors also participate in conjoint collaborative consultation, such as child study teams or student assistant teams (Hoskins, Astramovich, & Smith, 2007). While collaborating to help students, teachers and administrators may request school counselors to reveal information that the student expected to remain confidential. School counselor may find themselves having to negotiate maintaining confidentiality and collaboration with other education professionals.

Advice on dealing with ethical dilemmas is found in school counseling literature. Watson (1990) offered the following recommendations to assist school counselors in dealing with ethical dilemmas: (1) attend inservice trainings that explore ethical dilemmas using scenarios, (2) seek professional support and consultation at the school district level, and (3) counselors should plan for ethical dilemmas and establish relationships where educators understand the ethical standards of counseling. Baker (2000) suggests the following steps to making ethical decisions: (1) identify the dilemma, (2) clarify one’s values about the issue, (3) refer to the appropriate ethical code, (4) determine the nature and dimensions of the dilemma (5) generate possible plans of action, (6) consider consequences of all options, and (7) implement a course of action.
Mitchell, Disque, & Robertson (2002) offered school counselors suggestions for reacting to parents who requested information about counseling sessions. School counselors are encouraged to use listening skills with parents, allowing them to express their concerns and also reframing their child’s seeking help outside of the family as part of his or her growth towards maturity and independence. School counselors may also ask for the student’s consent to share specific information with his or her parents or offer ideas for sharing information with parents. School counselors may also suggest that the parent speak to their child directly and offer ideas for how they might approach the child. Another suggestion is for the school counselor to mediate a session with the student and the parents together. If parents continue to demand information, the school counselor will then have to choose between breaking confidentiality and refusing to provide the parent with the desired information (Mitchell et al., 2002). Counselors are also encouraged to consult with colleagues when in conflict about student confidentiality and parent requests.

Additional strategies for protecting minor’s confidentiality are found in literature. Glosoff and Pate (2002) suggest counselors become knowledgeable about laws and ethical codes and aware of policies and procedures at one’s place of work. Counselors are encouraged to stay current with professional development and to prevent breaches by educating parents, students, and school staff about confidentiality. Isaacs (1999) recommends counselors consult with peers, seeking ways to protect confidentiality, participation in professional development, request inservice with updated information about policies and laws, obtain liability insurance, and education others about confidentiality in counseling. Moyer and Sullivan (2008) suggest counselors seek
ethical training, become aware of laws, ethics, and local policies, to consult with other counselors, and to consider consequences to breaking and maintaining confidentiality. Huss et al. (2008) recommended professional school counselors use management agreements with students, parents, and school administrators to create an environment that is ethical and collaborative. Huss et al. further recommended that counselors share information about confidentiality with parents through a variety of methods including websites, emails, and printed media such as newsletters, public meetings and personal interactions.

**Laws Protecting Confidentiality**

The Family Educational Rights and Privacy Act (FERPA), also referred to as the Buckley Amendment, is federal legislation protecting the privacy of student records and parental rights to records. The United States government Family Policy Compliance Office states, according to FERPA, “Parents or eligible students have the right to inspect and review the student’s education records maintained by the school” ([http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html](http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html), retrieved 9/10/2008).

However, parental rights do not include counselors’ personal logs or case notes used as memory aid or treatment guide. Personal notes excluded by FERPA are not shared with others at the school except for someone filling in for or taking the place of the original counselor (Baker, 2000, p.78) ([http://www.doh.state.fl.us/Family/School/privacy/Ferpa.pdf](http://www.doh.state.fl.us/Family/School/privacy/Ferpa.pdf), retrieved 9/10/2008).

Although counselors are not required by law to share personal counseling notes with parents, they are expected to collaborate with parents.

In addition to FERPA, privileged communication laws are also related to minors’ rights to confidentiality. Privileged communication protects information shared between
a client and certain professionals (Remley & Herlihy, 2001). A judge cannot order the professional to share the confidential information. Although there are some variances from state to state, professionals granted privileged communication included attorneys, medical physicians, clergy, psychologists, and social workers (Remley & Herlihy, 2001). Mental health counselors have been granted varying degrees of privileged communication in most states that license counselors (Remley & Herlihy). Additionally, some states have legislation that protects information shared between a student and a school counselor. For example, Act 287 in Pennsylvania requires the student to give consent for a school counselor to reveal confidential information (Baker, 2000). However, school counselors in most states do not have privileged communication (Remley & Herlihy). Without legal protection for information shared between school counselors and students, school counselors must depend on ethics and local policies to guide their confidentiality decisions.

**Studies on Ethical Decision-Making**

Wagner (1981) surveyed 569 school counselors in Pennsylvania and New York (120 elementary, 212 middle, 237 high/secondary) to compare different grade level counselors' beliefs and practices concerning confidentiality of their student clients. Counselors were asked to respond to statements about confidentiality using the following response categories: strongly agree, mildly agree, mildly disagree, and strongly disagree. A chi-squared analysis was used to compare the different grade level counselors' agreement. Secondary school counselors (i.e. middle and high school) were more protective of student confidentiality than elementary school counselors. So as children grow older school counselors feel less responsibility to the parents and more to the student client. Secondary counselors also omitted more survey
questions than the elementary counselors (especially questions addressing legal issues and communication with parents and state authorities) which suggests that they experienced more conflicts related to student confidentiality. Wagner suggests that secondary school counselors may deal with more challenging conflicts because their clients are older. Although Wagner did not report any survey questions directly related to adolescent sexuality, she included sexuality in the discussion: “More advanced sexual behavior among adolescents would increase the probability of counseling issues that relate to birth control, pregnancy, abortion, and VD (Wagner, 1981, p. 209).”

Davis and Mickelson (1994) surveyed 165 Wisconsin school counselors (45 elementary, 38 middle school, and 62 high school) on ethical and legal decision-making. Davis & Mickelson presented 31 ethical and legal dilemmas and asked participants to indicate the strength of their agreement or disagreement with counselor’s actions described in the scenario (strongly agree, mildly agree, mildly disagree, or strongly disagree). The researchers defined a dilemma as “difficult” for school counselors if less than 50% of participants correctly agreed or disagreed with the counselor in the scenario (according to school counseling ethics and Wisconsin laws). Of the seven identified as “difficult” six included legal and ethical issues concerning student privacy and confidentiality and parental rights to information about their children. In this survey, only one dilemma addressed adolescent sexuality. The scenario included a 13-year-old female student who was engaged in sexual activity. The counselor in the scenario broke confidentiality against the wishes of the student and informed the student’s parents. In Wisconsin’s state law, parents have a right to know this information and counselors are obligated by law to report this to authorities. However, only 23% of
middle school counselors and 13% of high school counselors strongly agreed with the counselor. Thirty-three percent of middle school counselors and 24% of high school mildly agreed, 26% of middle school and high school counselors mildly disagreed, and 18% of middle school counselors and 37% of high school counselors strongly disagreed. Davis and Mickelson (1994) inferred from participants responses to the dilemmas that school counselors are more aware of professional ethics than state and federal laws. The researchers also suggested that when local policies disregarding students' rights are supported by parents and the community, school counselors may believe that they are legal.

Isaacs (1999) surveyed 627 public school counselors (411 elementary, 71 middle, and 145 high school counselors) in eight Florida school districts to determine in what situations counselors would consider breaking confidentiality. Isaacs found that “counselor judgment of when to breach confidentiality is determined in part by the degree of dangerousness of the perceived behavior” and the age of the student (p.261). Isaacs concluded that counselors were more protective of confidentiality of older students and were more uncertain in predicting their decisions to break or maintain confidentiality for older students’ behavior.

Several of the scenarios depicted in Isaacs’s survey addressed adolescent sexuality. Of the high school counselors surveyed, 34.7% indicated they were likely to break confidentiality if an older student revealed they were planning to have an abortion the next day and 50% would likely breach confidentiality if it was a younger student. Forty-nine percent of high school counselors indicated they would likely break confidentiality if a student revealed he or she was engaging in unprotected sex with
more than one partner and nearly 89% percent would break confidentiality if a 14-year-old, HIV positive student had multiple sexual partners. Thirty-seven percent of high school counselors “would refer a student to an outside agency for help on contraceptive information” and approximately 78% indicated they “would refer a student to an outside agency for help on contraceptive information if asked.” Fifty-seven percent “would offer advice on contraceptives to a student who asked me for help.” And 2% of high school counselors would drive a student to an abortion appointment if asked.

Stone and Isaac (2003) surveyed 425 school counselors (36% elementary, 24% middle, 40% high school) immediately after the April 1999 shootings at Columbine High School. The initial survey was administered in March 1999 in Isaac’s study. The authors compared the differences in school counselors’ attitudes before and after the shootings. Overall, school counselors participating in the May sample were less likely to breach confidentiality than those who were surveyed in March. School counselors in the second sample also reported more responsibility to their student clients than to their adult parents. The authors suggested that the school counselors’ attitudes changed to be more protective of student confidentiality because school counselors recognized after Columbine that providing confidentiality can increase students’ willingness to ask for help or report forthcoming violence.

Statistically significant differences (Chi-squared analysis) between the March and May samples were found for several of the scenarios involving adolescent sexuality. Fewer high school counselors in the second sample were willing to break confidentiality for the scenario of a 17-year-old sneaking out to meet boyfriend/girlfriend: 9% indicated they were likely to break confidentiality in first sample and 7% were likely to break
confidentiality in the second sample. For the scenario describing a 17-year-old planning to have an abortion the next day, 41% of the March sample were likely to break confidentiality, while only 36% of the second sample indicated they were likely to break confidentiality. Also, in the May sample, there was an increase in the percentage of high school counselors reporting they were likely to offer abortion clinic information to 11 and 14 year old students who asked. The authors reported an increase from 15% to 31% for an 11-year-old student and 24% to 40% for a 14-year-old student.

Bodenhorn (2006) explored ethical decision-making in a survey of Virginia public school counselors. Participants included 92 counselors (26 elementary, 29 middle and 37 high school); 82 were female and 8 were male. Common (i.e., those encountered frequently and recently) and challenging ethical dilemmas were identified. The most common dilemmas reported by the participants included student confidentiality of personal information revealed in counseling (67% participants reported this as a recent and frequent dilemma) and student records (36%), harm to self or others (33%), and parental rights to information (22%). Three of these were also found to be the most challenging: confidentiality of personal disclosures (46%), harm to self or others (45%), and parental rights (33%). All of the common and challenging dilemmas presented in the study could relate to adolescent sexuality; however, scenarios involving adolescent sexuality were not directly presented.

In addition to identifying common and challenging ethical dilemmas, Bodenhorn surveyed counselors about their education in ethics. More than 50% of counselors reported having taken a course in ethics in their master's level program. Forty-six percent reported participating in formal continuing education on ethics while 72% had
read articles on ethics. Only 41% had a copy of counseling ethical code and only 8% reported frequently using the ethical code. No information was provided on how the counselors’ ethical education related to their responses to the ethical dilemmas.

Moyer and Sullivan (2008) surveyed 204 middle and high school counselors in the United States to determine how “the frequency, intensity, and duration of risk-taking behaviors” influences counselors’ decisions to break confidentiality and report student behaviors to parents (p. 236). The researchers manipulated the age (13 and 15) and gender (male and female) of the student depicted in the survey vignette. Regression analysis showed that counselor age and years of experiences were not significant. However, Moyer & Sullivan found that counselors were more likely to break confidentiality as the intensity, frequency, and duration of risk-taking behaviors increased. Sexual behaviors items included a student in a monogamous sexual relationship, a student in a homosexual relationship, and a student having multiple sexual partners. Counselors rated these sexual behaviors as less ethical to break confidentiality than other behavior domains included in the survey (i.e. alcohol, substance abuse, self-mutilation, suicidal behavior, and antisocial behavior) and more ethical to break confidentiality than smoking behaviors. A Bonferroni post-hoc analysis of the sexual behaviors items showed that counselors are more protective of student confidentiality for older male and female students and more willing to break confidentiality with younger male and female students. No differences were noted between counselors’ decisions to break confidentially for male and female students of the same age.
School counselors in other parts of the world also face ethical dilemmas related to maintaining student confidentiality. Lazovsky (2008) surveyed 195 school counselors in Israel about their decisions and reasons to break or maintain confidentiality. Dilemmas presented included three major categories: dangerous, unlawful, and personal or family. Two of the dilemmas presented in the survey related to adolescent sexuality: Included in the dangerous situations category “An HIV-positive student engages in sex with multiple partners without disclosing her condition but takes care not to infect her partners” and “A 14-year-old girl reveals her sexual exploits, including having sex with a 21-year-old” was included in the personal and family information. Nearly 71% of counselors surveyed would maintain confidentiality with the HIV positive student with only 29% breaking confidentiality. Approximately 36% of counselors indicated they would maintain confidentiality with the 14-year-old while 63% would break confidentiality. Counselors did not agree on their decisions to break confidentiality. In only 4 of the 18 dilemmas more than 75% of counselors agreed to break or keep confidentiality. The reasons given by counselors were qualitatively analyzed with an inductive content analysis using a step classification system. In addition to the lack of consensus in making decisions, counselors also offered varied reasons for their decisions. Neither of the sexual scenarios included a male student, therefore varying the gender of students in the dilemmas could improve the usefulness of study findings.

Research on school counselors and confidentiality has suggested that counselors feel more responsibility to the parents of younger students and provide more confidentiality to older students (Moyer & Sullivan, 2008; Wagner, 1981). School
counselors do not agree on whether or not to maintain or break confidentiality given a variety of scenarios (Davis and Mickelson, 1994; Lazovsky, 2008). Furthermore, the conflict and ambiguity increases with older students (Issacs, 1999; Wagner, 1981). School counselors’ decisions to break or maintain student confidentiality is also related to how dangerous they perceive the student behavior to be (Issacs, 1999; Moyer & Sullivan, 2008). Scenarios involving adolescent sexuality are especially challenging to school counselors and require further investigation (Davis and Mickelson, 1994; Herman, 2002; Lazovsky, 2008).

Past research on school counselors and confidentiality has excluded issues of adolescent sexuality or only included them marginally. Some researchers have used scenarios only depicting students of one gender and none have compared counselor responses for boys vs. girls as a primary research question. Studies found in the literature surveyed both male and female counselors but did not compare their responses. The current study will present scenarios involving adolescent sexuality exclusively. Furthermore, the study will examine gender of counselor and students as a factor in whether or not school counselors break confidentiality.

**Sexuality Literature**

This section will include perspectives on human sexuality and adolescent sexuality and sexual attitudes. Also included are school counselors concerns about adolescent sexuality, legal issues related to adolescent sexuality, and sexuality education in American public schools.

**General Definitions and Theories**

Rathus et al. (2002) defines sexuality as “The ways in which we experience and express ourselves as sexual beings (p. 5).” A person’s sexuality is influenced by many
factors, including biological (genes, hormones), psychological (perception, emotions, personality), social (attitudes), cultural (morals, customs) and sociocultural (rewards, punishment, modeling) (Rathus et al.). These influences interact and combine in ways that create sexualities unique to each person (Rathus et al.). Sexual attitudes and behaviors are multidimensional as are the factors that influence attitudes and behaviors (Hendrick & Hendrick, 1985).

Examples of studies of gender differences in sexual attitudes can be found in the literature. Hendrick and Hendrick (1985) examined gender differences in sexual attitudes. Using factor analysis, Hendrick & Hendrick found eight factors of sexual attitudes: sexual permissiveness, sexual responsibility, sexual communion, sexual instrumentality, sexual conventionality, sex avoidance, sexual control, and sexual power. Sexual permissiveness is associated with acceptable of casual sex outside of a committed relationship and wanting sex with multiple partners. Sexual responsibility is measured by behaviors such as using birth control. Sexual idealism is associated with seeing sexual communion as merging of souls or the closest form of human interaction where as instrumentality deals with a person focusing on their own pleasure in sex. Sexual conventionality is concerned with sexual behaviors such as masturbation, homosexuality, and sex toys. Sexual control deals with planning and keeping emotions in check. Sexual power is associated with the relationship between sexual acts and the power one feels. In a study of 800 college students, differences in sexual attitudes between male and female respondents were found in 72 out of 102 items. Hendrick & Hendrick found that females reported to be more responsible, conventional, and idealistic (communion). Males were reported to be more permissive, instrumental, and
control and power oriented. Hendrick & Hendrick’s models of sexual attitudes will be used in the current study.

In three studies of college students, Hendrick, Hendrick, & Reich (2006) used two new brief versions of their sexuality scale to assess gender differences in sexual attitudes. The brief sexual attitudes scale uses four factors: permissiveness, instrumentality, birth control, and communion. In each of the three studies, men more strongly endorsed permissiveness and instrumentality. However males and females’ attitudes were not significantly different for birth control or communion. In the 1985 study, women had displayed more responsible attitudes towards birth control and more strongly endorsed the spiritual connection aspects (i.e., communion) of sex. The results show a shift towards men and women feeling a shared responsibility for birth control.

**Counselor Sexual Values**

Counselors are encouraged to explore their own values and how those values influence ethical decision-making. Students and school counselors are likely to have different values concerning premarital sex, casual sex, and sex with multiple partners. Many of Americans’ sexual attitudes derive from religious teaching and psychoanalytic theories (Frienze et al., 1978). For example, some counselors may have traditional religious values about sexuality and may view premarital sex as an inappropriate sexual behavior (Wilson, 1995). Others may have more liberal views seeing casual sex or sex with multiple partners as more acceptable.

Ford & Hendrick (2003) surveyed 318 mental health and marriage and family counselors about their sexual values for self and clients as well as which sexual behaviors the counselors would feel uncomfortable addressing with clients. Fifteen percent of counselors reported sexual crimes (i.e., rape, sexual abuse, abuse
perpetrators, and pedophiles) and 10% reported unsafe sex as being the most personally uncomfortable sexual issue with which they deal. When asked how they manage the most personally uncomfortable clinical situations, 40% of counselors reported they would refer clients, 25% would discuss the issue with their client, and 18% would consult with a peer or supervisor. Ford & Hendrick found that the counselors participating in this study differed in their sexual values depending on their gender, religious involvement, and political affiliation. For example, female counselors reported more comfort with sexual orientation issues while male counselors appeared to be more comfortable with non-normative sexual behaviors (e.g., group sex or sadomasochism). While Ford & Hendrick examined sexual values of mental health and marriage and family counselors, similar studies have not been undertaken with school counselors.

**School Counselors’ Concerns about Adolescent Sexuality**

Adolescence is a period of physical, emotional, and cognitive growth that offers adolescents opportunities for sexual exploration and self development as well as risks to their mental and physical wellbeing (Baker, 2005). Educators and school counselors are concerned about risks adolescents face related to sexuality, such as the objectification and sexualization of girls, sexually transmitted infections, sexual harassment, sexual violence and rape. Each of these concerns will be discussed in this section, beginning with the sexualization of girls.

Today, adolescents are exposed to stereotypical images and messages about girls and women from the mass media, their family, and their peers. According to Choate & Curry (2009), girls are sexualized and devalued when they are seen as sexual objects to be admired. The sexualization of girls can hinder academic achievement and limit their opportunities for education and careers (APA, 2007; Choate & Curry, 2009).
Girls who internalize sexual messages may be more likely to tolerate sexual harassment and could become victims of sexual crimes (Choate & Curry, 2009). Objectification of the female body can lead women to habitual body monitoring and can increase a woman’s feelings of shame and anxiety as well as mental health risks such as depression, eating disorders or sexual problems (Fredrickson & Roberts, 1997). Body objectification has also been linked with weaker sexual self-efficacy as measured by being able to act on one’s own sexual desires and to protect oneself from unwanted sexual risks (Impett, Schooler, and Tolman, 2006).

Adolescent pregnancies are a major concern of educators and school counselors. The National Campaign to Prevent Teen and Unplanned Pregnancies reported health, educational, and economic risks associated with teen parenting (Retrieved on 10/24/2009 from http://www.thenationalcampaign.org/default.aspx). Adolescent pregnancies bring health risks to mother and child: anemia and high blood pressure for the mother and premature birth, low birth weight, and other health issues for the baby (Retrieved on 10/24/2009 from http://www.thenationalcampaign.org/why-it-matters/pdf/health.pdf). Teen parents may also drop out of school prematurely or forego higher education. Only 40% of teenagers who become parents before their 18th birthday graduate from high school compared to 75% of peers from similar backgrounds (Retrieved on 10/24/2009 from http://www.thenationalcampaign.org/why-it-matters/pdf/education.pdf). Children born to teen mothers are more likely to live in poverty than children born to older mothers and more than 60% of unmarried teen mothers become depended on public assistance during the first five years after the child is born (http://www.thenationalcampaign.org/why-it-matters/pdf/introduction.pdf).
Additionally, teen parents are challenged by balancing their own personal developments with the needs of their children (D’Andrea, 1994). School counselors may use interventions to prevent teen pregnancy, interventions to help teens deal with and make decisions about pregnancies, and to help teens with educational and personal concerns after a pregnancy (Goodyear, 2002).

Kiselica & Pfaller (1993) offer a framework for school counselors to help teenage parents. Kiselica and Pfaller encourage counselors to examine their own beliefs and stereotypes held about teen parents to prevent their prejudices from hindering the counseling relationship. They recommend school counselors identify teen parents for counseling services, establish rapport, and address teen parent educational, career, and personal concerns through counseling. Additionally, Kiselica and Pfaller recommend counselors make referrals in the community to serve needs of teen parents that cannot be met within the school counseling program.

Student sexual harassment is another concern to school counselors. Sexual harassment can have many harmful effects on students, including feelings of being exploited, devalued, angry, power-less, embarrassed and depressed (Rowell & McBride, 1996). The Office of Civil Rights classified sexual harassment in schools as sexual discrimination under title IX of the Education Amendments of 1972 (Chaves, 2000). Title IX and court cases like the 1999 Davis v. Monroe County Board of Education (in which the school board had to pay financial damages for student on student sexual harassment that occurred at school) legally compel school counselors and educators to serve as advocates against sexual harassment (Stone, 2000). Male and female students can be victims and perpetrators of sexual harassment (Gutek &
Done, 2001). However most reports are of females being victimized (Gutek & Done, 2001). Additionally, sexual minorities are also victims of sexually harassment (DePaul, Walsh, & Dam, 2009; GLSEN, 2007).

Student on student sexual harassment has existed in our schools for many decades and has become an issue of public concern in recent years. Despite public attention, sexual harassment has been only marginally addressed in school counseling literature. School counselors may work to prevent sexual harassment as well as intervene when it occurs (Chaves, 2000; Rowell & McBride, 1996). When sexual harassment does occur, school counselors must work to provide support for the victim and intervention to the harassment. However, intervening can become more complicated if the victim requests confidentiality and do not wish to be named (Stone, 2000).

**Legal Issues Pertaining To Adolescent Sexuality**

Counselors may feel confused and uncomfortable dealing with issues related to adolescent sex and sex crimes (Mitchell & Rogers, 2003). Mitchell & Rogers propose that school counselors’ difficulty may partially be due to confusion about what differentiates statutory rape, rape, and sexual abuse as well as their ethical and legal obligations for each situation (Mitchell & Rogers). Mitchell & Rogers suggest this confusion may be a result of lack of training in specific laws related to sex crimes.

School counselors working with adolescents should be aware of the relevant sex laws in their state. For example, in the state of Florida, 16 and 17-year-old minors are legally permitted to consent to sexual activity with people aged 16 to 23. Other age pairings are crimes. For example, it is a felony crime for a twenty-four year old to engage in sexual activity with minors 17-years-old or younger and any sexual act with a
partner less than 16 is a felony (Florida Statute 800.044 and 800.045). Furthermore, it is considered child abuse when a person 21 years of age or older impregnates a child under age 16 year (Florida Statute 827.04). Sexual activity is also considered child sexual abuse in Florida if the perpetrator is in a parental or caretaker role. Every state has similar laws to address the protection of minors from sexual abuse.

While the law requires school counselors to report child abuse, professional ethics compel them to break confidentiality in cases of clear and imminent danger. Counselors are encouraged to examine their own values, beliefs, and experiences and how they influence their evaluation of what is considered dangerous behaviors (Glossoff & Pate, 2002; Issacs, 1999). A counselor’s personal values and experiences can affect how she perceives adolescent sexual behaviors or situations. For example, Mitchell & Rogers (2003) argue that statutory rape is non-forced, mutually consenting intercourse where the state has declared an inappropriate age discrepancy between partners and denied legal consent. There are no grounds for the assumption of imminent danger in such cases, even if the partnership were to continue in the future. School counselors are mandated to report child abuse; however, counselor as not required to report rape or statutory rape (Mitchell & Rogers, 2003).

School counselors may also struggle with confidentiality dilemmas when a student has experienced sexual violence. Rape is a crime that has occurred in the past and does not constitute imminent danger (Mitchell & Rogers, 2003). The counselor does not have the right to report this crime as that right belongs to the minor victim or their parent/guardian. The school counselor may not have to report rape to authorities;
however, they may feel compelled to share this information with the adolescent’s parents.

Students may not know the laws related to age of consent, legal age differences for a teen’s partner, and statutory rape. They may reveal information about their sexual activity and age of their sexual partner(s) to a school counselor without knowing that the counselor may have to break confidentiality. In some states, sex between a minor and an older partner may be considered child abuse and counselors are required to report the behavior (Mitchell & Rogers, 2003). Some counselor may avoid inquiring about the age of sexual partners to avoid the responsibility of reporting. Yet, if the law requires reporting this information then it should be included in informed consent procedures (Mitchell & Rogers, 2003).

Students may ask school counselors for advice or information concerning contraceptives or pregnancy. School counselors need to know the legal issues relevant to adolescent sexuality in regards to access to contraceptives and abortion. Half of the states in America allow minors over 11 years-old to seek contraceptive services without parental consent (Guttmacher Institute, 2008). Florida law, however, allows minors to receive contraceptive information or services without parental consent only if they are pregnant, have been pregnant, are married, or are in need of birth control to prevent health hazards (Florida Statute 743.065). A pregnant minor can make medical decision related to her pregnancy and can make medical decisions for her child but requires parental consent for unrelated medical issues (Florida statute 743.065). In all states, including Florida, minors may give consent for examinations and treatments of sexually transmitted infections (Florida Statute 384.30; Guttmacher Institute, 2008).
Parental Notice of Abortion act in Florida requires physicians to inform a parent or legal guardian of minors (under 18-years-old) prior to the inducement or termination of a pregnancy (Florida Statute 390.01114). Minors may petition a circuit or judicial circuit court for a waiver to the parent notification. The court may award a waiver if the minor is deemed mature enough to make the decision to terminate her pregnancy or if there is evidence of child abuse or sexual abuse to the minor by the parents or legal guardians. All of the Florida Statutes cited were retrieved on 3/15/2008 from http://www.leg.state.fl.us/statutes.

According to Florida Statutes, 16 and 17-year-old teens are legally allowed to consent to sexual activity, obtain treatment for sexually transmitted infections, get pregnant, make medical decisions about their pregnancy and on behalf of their child, but they cannot seek contraceptives without parental consent. Additionally, they can choose to have an abortion with parental notification and without parental consent. Yet, without their parents, they cannot legally obtain contraceptives that could prevent pregnancy, STIs, and the need for an abortion. Some counselors may view these laws as inconsistent or may have values and beliefs that are contrary to the laws. Their beliefs and values may effect a counselor’s decisions to give advice and information and maintain or break confidentiality.

ASCA provides information on disclosures involving sexually transmitted infections: “In absence of state legislation expressly forbidding disclosure, [the professional school counselor] considers the ethical responsibility to provide information to an identified third party who, by his/her relationship with the student, is at a high risk of contracting a disease that is commonly known to be communicable and fatal (ASCA,
According to ASCA, the counselor should recommend that the student notify the partner and avoid high-risk behaviors (such as intercourse without a condom). If the student refuses to tell his or her partner, the school counselor should seek consultation from public health agencies to find options for informing the partner. Counselor may feel conflicted in cases like this one, where others are at risk and they are unable to help them without breaching confidentiality.

Sex Education

In recent decades, the US government has funded abstinence only until marriage sex education through three sources: Adolescent Family Life Act (also known as Title XX of the Public Health Service Act), Title V Welfare Reform Act, and Community-Based Abstinence Education. Abstinence only education received nearly 1.3 billion dollars between 2001 and 2009 (USA Today, May 12th, 2009). Abstinence only education emphasizes failure rates for contraceptives and promotes sexual activity within a heterosexual, monogamous marriage as being the only practice leading to a healthy and happy life (SIECUS, 2008). Although there is social and political support for a more comprehensive sex education program, there currently no approved federal funding dedicated to these programs (Advocates for Youth, 2008).

Criticism of abstinence only sex education can be found in the literature. For example, abstinence only education programs suggest that sexual acts- such as petting, oral sex, and masturbation- that do not lead to reproduction are immoral or wrong (Bay-Chen, 2003; Epstein, O’Flynn, & Telford, 2003; Unger & Crawford, 1992). Sex education often focuses on anatomy and negative consequences, leaving out desire and pleasure (Unger & Crawford, 1992). Abstinence only education also teaches abstinence until heterosexual marriage, leaving out gay students (Bay-Chen, 2003;
Bartlett & Capuzzi, 2002; Epstein et al, 2003, Fine & McClelland, 2007; Unger & Crawford, 1992). Furthermore, abstinence only education either omits information on condoms and birth control methods or focuses on their deficiencies as protective methods (Bay-Chen, 2003). A 2007 federally funded study of abstinence programs showed they were not effective in delaying teen sex, nor teen pregnancy (Jayson, 2009).

The Sexuality Information and Education Council of the United States (SIECUS) supports a comprehensive based sex education program for all. SIECUS (2004) defines sexuality education as “a lifelong process of acquiring information and forming attitudes, beliefs, and values about such important topics as identity, relationships, and intimacy (SIECUS, 2004, p.12).” Furthermore, SIECUS “believes that all people have the right to comprehensive sexuality education that addresses the socio-cultural, biological, psychological, and spiritual dimensions of sexuality by providing information; exploring feelings, values and attitudes; and developing communication, decision-making, and critical-thinking skills” (SIECUS, 2004, p.12). In addition to SIECES, numerous professional organizations support a comprehensive sex education, including the American Psychological Association, American Academy of Pediatrics, Society for Adolescent Medicine, American Medical Association, and the National Association of School Psychologists.

In the spring of 2009, the United States President, Barak Obama, initiated a national shift away from abstinence only education to teen pregnancy prevention by proposing a budget of nearly $178 million for prevention, including $110 million for community based programs (Jayson, 2009). Obama’s proposed budget for 2010
allocates $178 million for teen pregnancy prevention with the $110 million directed towards community-based programs. Three-fourths of the funding is for programs with documented success in delaying teen sex, increasing contraceptive use and/or reducing teen pregnancy while one-fourth is intended for new programs (Jayson, 2009). If approved, the new plan could provide adolescents with access to a more comprehensive sexuality education. However, with most of the funding going to community-based programs, it is not known how school-based sexuality education will be affected.

Support for school counselors’ involvement with sex education in schools can be found in the literature over the past 30 years (Barlett & Portman, 2002; Barnes & Harrod, 1993; Dycus & Costner, 1990; Kelly, 1971; Pietrofesa, 1976). Barlett & Portman (2002) argue that school counselors possess the established relationships and expertise to positively impact school-based sex education. School counselors could become leaders in their schools to help students develop and accept their sexual identities (DePaul, Walsh, & Dam, 2009). Furthermore, school counselors can also facilitate school communities in discussions about different sexual orientations (DePaul, Walsh, & Dam, 2009).

To become a leader in sex education in schools, counselors must consider theories of adolescents and adolescent sexuality. Theories of adolescence and sex education both often focus on the concept of risks (Gilbert, 2007). Adults are concerned about teen’s risks of sexual harassment and sexual violence, risks of contracting a STI or having an unplanned pregnancy. Gilbert (2007) proposes viewing risks as part of natural development and growing up. According to Gilbert, “Sex education is larger
than information, affirmation or prohibition. In its address to the most intimate aspects of life—love, loss, vulnerability, power, friendship, aggression—sex education is necessarily entangled in the adolescent's efforts to construct a self, find love outside the family, enjoy one's newly adult body; in short, various relationships that might cautiously be called development (p.49).” She argues that sex, with or without protection, can come from an adolescent’s needs to be wanted and search for companionship. Gilbert (2007) encourages adults to view adolescents as sexual beings who have the right to experience the risks of sexuality and to work towards creating an environment where adolescents can explore their curiosities with thoughtfulness and care. According to Gilbert this requires adults to examine their own beliefs about adolescents, sexuality, and what it means to become an adult.

Many topics can be considered in exploring adolescent sexuality and school counselors’ attitudes toward sexuality, including definitions and perspectives of sexuality, legal issues, and sex education. Adolescent sexual behaviors can be viewed as both a normal part of growing up and as risks for harm and negative consequences.

**Gender**

Gender roles are culturally constructed beliefs and attitudes about the traits and behaviors that society considers appropriate for females and males (Worell & Remer, 2003, p. 10 & 15). People learn about gender roles from birth and exhibit preference for stereotypical gender characteristics and behaviors at a young age (Powishta, Sen, Serbin, Poulin-Dubois, & Eichstedt, 2001). Theories of gender role development include both cognitive and social factors (Powishta et al., 2001; Unger & Crawford, 1992). Cognitive theories explain gender role development by a child’s tendency to place new information into mental categories (Powishta et al., 2001). Children learn to
recognize similarities and differences between themselves and others, labeling themselves as male or female, and develop a preference for characteristics and behaviors that they perceive as associated with their own gender. Social learning theory suggests children develop gender roles by receiving reinforcement for gender typical behaviors, punishment for gender atypical behavior, and by observing gender models (Frienze et al., 1978; Powlishta et al., 2001; Unger & Crawford, 1992).

Bem’s gender schema theory explains the acquisition of sex roles (gender roles) using both social learning and cognitive-development theories (Bem, 1981). Schema is a cognitive framework or concept that organizes and guides a person’s perceptions. Children learn beliefs about gender appropriate behaviors and gender related associations from their culture. They apply this organizational framework, or gender schema, to evaluate and incorporate new information. Using schemas allows people to interpret large amounts of information but can lead to stereotypes due to a preference for attending to information that confirms our pre-existing beliefs. According to Bem, children may initially view a certain characteristic as different for males and females, but eventually categorize the characteristic as male or female. For example, a child may see boys as stronger than girls but eventually categorize men as strong and women as being the opposite-weak. Gender roles become a part of a person’s self concept and their self-esteem becomes reliant on how faithfully they adhere to society’s gender role expectations (1981).

Traditional gender roles exhibit unequal power between men and women, distributing more power and freedom to men (Shearer, Hosterman, Gillen & Lefkowitz, 2005). King and King (1997) developed the Sex-Role Egalitarianism Scale (SRES) to
measure gender role attitudes. The sex-role egalitarianism construct is bidirectional and includes beliefs about women and beliefs about men. According to King and King, a person with egalitarian gender role beliefs would not have objections to a woman in a stereotypical male career or to a man in a stereotypical female role. The SRES measures gender attitudes in five domains: marital, parental, educational, employment, social-interpersonal-heterosexual roles.

In a study of university undergraduate students, Burnett, Anderson, & Heppner (1995) found that male and female individuals who exhibit more masculine characteristics (i.e. decisiveness, independence, and competitiveness) reported greater self-esteem than those possessing less masculine traits. Burnett, Anderson & Heppner view these findings as evidence that American society is biases towards traditional male characteristics. However, despite this bias towards masculine characteristics, restricted gender roles can also have a negative or harmful affect on the lives of men. Socially constructed features of masculinity may include views of men as strong and silent, tough and aggressive, not needing help, a sexual stud (sex without meaningful relationships), anti-sissy (avoiding feministic traits and homosexuality), and being powerful and successful through competition (Forbes, 2003; Gillon, 2007; Good & Sherrod, 2001). Restricted gender roles and gender stereotypes such as these listed can limit a man’s personal development and mental health. Research has linked problems such as restricted emotional awareness and expression and problems with interpersonal relationships to traditional gender beliefs of men (Good, Robertson, O’Neil, Fitzgerald, Stevens, DeBord, Bartels, & Braveman, 1995; Wisch, Mahalik, Hayes and Nutt, 1995). Role conflict for the male gender has been linked to a variety of social
and mental problems including depression, sexually aggressive attitudes, fear of intimacy, and poor self care (Enns, 2004). For these reasons, school counselors are encouraged to help male adolescents “to challenge the norm of conventional masculinity” and help them to advance their self-awareness and development (Forbes, 2003, p. 148).

Restricted gender roles and gender stereotypes can have negative impacts on academic, career, and personal-social development of girls (Choate, 2009). For example, Kopper and Epperson (1996) found a positive relationship between psychological distress (i.e. weak ego strength, passive aggressiveness, and dependency) in women and traditional gender role orientations. Examples of socially constructed characteristics of femininity include emotional, home-oriented, devotes self to others, considerate, gentle, need for security, and likes children (Unger & Crawford, 1992). Women are also expected to be passive, dependent, unintelligent, and inferior to men (Frienze et al, 1978).

Research on gender roles and girls includes attention to the objectivity and sexualization of girls (as discussed previously in chapter 2) as well as academic and career concerns. Researchers encourage school counselors to examine their own beliefs about women’s roles, to assist girls and women in tackling gender stereotypes in the education system, and to help girls choose careers that have traditionally been pursued by men (Bartholomew & Schnorr, 1994; DeVoe 1990).

Gender role attitudes are pertinent to understanding sexual behavior (Shearer, Hosterman, Gillen & Lefkowitz, 2005). For example, acceptance of traditional gender role attitudes can place men and women in risky situations. Men may feel compelled to
adhere to the stereotype of man as sexual adventures while women adhering to women as passive may defer important sexual decisions (i.e. which sexual behaviors to engage in, birth control, etc) to their partners (Shearer et al, 2005). Several different sexual stereotypes are commonly associated with women, including views of women as less interested in sex than men, women as gate keepers to men’s sexual desires, women as sexual objects, or sexual victims (Frienze et al, 1978). Sexual attitudes and stereotypes are relevant to the current study in two significant ways. First, high school students are likely to experience social pressures to conform to sexual stereotypes and may bring these sexual concerns to the attention of their school counselor. Secondly, school counselors’ interactions with adolescents and their decision-making are also likely to be influenced by gender attitudes and stereotypes (Gold & Hawley, 2001).

The importance of including gender issues in counselor preparation is required by CACREP standards and counseling ethics by ACA and ASCA and is also recognized in counselor educator literature (Daliluk, Stein, & Bockus, 1995; Gold, 2001; Stevens-Smith, 1995). Gender awareness is crucial for multi-cultural competence in counseling and is essential because a counselor’s beliefs about men and women affect the way they work with clients (Gold & Hawley, 2001; Stevens-Smith, 1995). People may be unconscious of their beliefs about gender and unaware of how these beliefs affect their interactions with others. It is important for counselors and counselors-in-training to become alert to their own gender role biases in order to work more effectively with clients (Gold & Hawley, 2001; Seem & Johnson, 1998; Trepal, Wester & Shuler, 2008). A counselor who disregards or is unaware his or her own beliefs about gender may hamper the counseling process in several ways. When gender differences are
disregarded, the counselor may place limits on the client’s life options (DeVoe, 1990), impose his or her gender beliefs onto the client (Daniluk, Stein, & Bockus, 1995), or direct counseling services based on inaccurate client assessments (Gold & Hawley, 2001; Seem & Johnson, 1998; Trepal, Wester, & Shuler, 2008).

**Studies Related to Counselor Gender Beliefs**

Seem & Johnson (1998) explored gender bias in counselors-in-training with an open response survey. Participants included 210 graduate counseling students enrolled in programs in the east and Midwest America. Ninety-two percent of participants in this study were White and approximately 72% of participants were female. Participants responded to two case vignettes were used. The first case was a female gender role description in which a man or woman client reported conflict about whether to stay home or work outside the home. The second case was a male gender role description in which a male or female client reported conflict about whether to pursue a graduate degree or to follow his/her current partner's desire to get married and start a family. Participants were asked to write a description of the client’s problem including hypotheses of the underlying issues, issues to discuss in counseling, and treatment goals. Content analyses and Chi-squared analyses were used to determine gender bias. Results showed that male and female participants focused on different issues for the male and female clients shown in the vignette about graduate school vs. marriage and children. Gender of counselors in training was insignificant for the vignette about the married parent wanting to stay home. However, participants did describe different issues when asked to describe counseling goals for the male or female client. Seem & Johnson concluded that gender bias is found in counselors in training, especially when traditional gender roles are violated.
Gold & Hawley (2001) studied gender role attitudes of 17 male and 75 female counselor education students at a southern university. Participants completed Bem’s Sex Role Inventory and King & King’s Sex Role Egalitarianism Scale. ANOVAS were used to compare the mean T-scores of male and female respondents. Gold & Hawley expected counselor education students, as compared to university students of other disciplines, to report more androgynous beliefs on the SRI and to report more egalitarian beliefs on the SRES. However, the results showed that counseling students possessed traditional sex role orientations and traditional attitudes toward gender that were similar to those held by the general population. Gold & Hawley recommended that counseling students and professionals become more aware of their own gender role biases and how they affect their interaction with clients.

Trepal, Wester & Shuller (2008) surveyed 29 counselors in training at a Midwest university in the United States. Twenty-one of the participants were female, 8 male, and the majority of participants were White/Caucasian. Participants completed a Q-sort, categorizing and ranking gender role characteristics as a “perceived feminine trait” or “perceived masculine trait (Trepal, Wester & Shuller, 2008, p.149).” Counselors-in-training also participated in an interview about their ranking of items and their opinions about masculinity and femininity. A PQMethod analysis of the Q-sorts resulted in four factor groupings including traditional perspectives (i.e. emotional, homemaker, verbal, caregiver sorted as most feminine while aggressive, dominant, stoic and protective were sorted as most masculine), survivor/competitor perspective (i.e. flexible, resilient, strong, and verbal were considered most feminine while distant, aggressive, dominant, and inhibited were most masculine), emotional/physical perspective (i.e. sensitive,
caregiver, emotional, and protective were most feminine while stoic, strong, distant and dominant were masculine), and internal/external processing (i.e. sensitive, verbal, and homemaker were sorted most feminine while independent, stoic, protector were sorted most masculine). Trepal, Wester, & Shuller concluded that counselors-in-training serving as participants in this study perceived male and female roles in traditional ways with men and women as opposites. The Q-sort method does not allow for generalization of the result of this study. However, the study does suggest need for further examination of counselor gender beliefs and stereotypes and the effect it has on counselor decision-making.

Simon, Gaul, & Myrna (1992) studied client gender and sex roles as predictors of counselors’ impressions and expectations for their clients. Participants included 15 Counseling Psychology doctoral students, functioning as clinic counseling staff, and one Licensed Psychologist. The counselors participating in the study interacted with real clients at a university counseling center. Counseling clients completed the Personality Attributes Questionnaire as a measure of self-reported masculinity and femininity. Counselors completed the Impact Message Inventory to assess their impressions of the clients. Counselors were found to perceive clients displaying highly gender-typical characteristics as having more social skills and as more likely to experience positive outcomes from counseling (Simon, Myrna, & Heatherington, 1992).

One older study examined sex role stereotypes of school counselors. Wetmore-Foshay, O’Neill, & Foster (1981) asked 173 school counselors in Nova Scotia to rate traits of a healthy male, female and adult. Results showed that female counselors were more likely to use traditional masculine traits to describe a healthy person in each
category, while male counselors rated healthy men and healthy adults with similar traits and used less traditionally masculine traits to describe a healthy woman. This shows that bias towards masculinity exists not only in the United States, but in other parts of the world as well.

In studies using samples of counselors-in-training, participants reported traditional gender roles views (Gold & Hawley, 2001; Trepal, Wester & Shuler, 2008) and showed bias against clients displaying nontraditional gender role behavior (Seem & Johnson, 1998). While several researchers have studied gender beliefs of counselors in training (Seem & Johnson, 1998; Trepal, Wester, & Shuler, 2008), research on the gender beliefs of practicing school counselors is very limited.

Current research shows that restricted gender roles, gender stereotypes, and gender bias can have limiting or negative effects on people lives (Bem 1981, Burnett, Anderson, & Heppner, 1995; Choate, 2009; Enns, 2009; Good et al., 1995; Kopper & Epperson, 1996; Wisch, Mahalik, Hayes and Nutt, 1995). Gender attitudes also affect the counseling process (Gold & Hawley, 2001; Seem & Johnson, 1998; Simon, Myrna, & Heatherington; Trepal, Wester & Shuler, 2008; Wetmore-Foshay, O’Neill, & Foster, 1981). Additionally, gender role beliefs can affect a person’s sexual decision-making (Shearer et al., 2005). Because counselors and counselors in training are vulnerable to gender stereotypes and gender bias, it is important to study how gender attitudes are related to ethical decision-making.

The current study will address limitations in existing literature in several ways. While previous studies address adolescent sexuality only marginally, the current study will focus exclusively on this type of student behaviors and will include a variety of
situations. The current study will also focus specifically on high school students and counselors as they are more likely to deal with sexuality than elementary and middle school. The current study will examine the relationships between ethical decision-making and counselor gender, student gender, counselor’s sexual attitudes, and counselor’s gender role attitudes. This study will determine if gender or attitudes can be used to predict decision-making. This study will also consider counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), and amount of time spent counseling male and female students regarding sexual concerns. These characteristics and counseling experiences may provide new directions for research in the area of ethical decision-making regarding adolescent sexuality.

The next chapter includes the methodology used in the current study. Study hypotheses, variables, sample and sampling procedures are included. Also, questionnaires used will be described.
CHAPTER 3
METHODOLOGY

The current study examined high school counselor’s ethical decision-making regarding breaking or maintaining confidentiality when working with adolescent clients in situations involving sexuality. The current study explored influences on ethical decisions. More specifically, the study determined if there are relationships between counselor’s decision-making and counselor’s gender, student gender, counselor’s attitudes towards gender, counselor’s sexual attitudes, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), and amount of time spent counseling male and female students regarding sexual concerns.

Relevant Variables

The current study included seven main independent variables including counselor gender and student gender. Counselor attitudes towards gender were measured by the total score of King & King’s (1997) Sex-Role Egalitarianism Scale. Four independent variables, counselor sexual attitudes, were measured by the four subscales of Hendrick, Hendrick, and Reich’s (2006) Brief Sexual Attitudes Scale. Eight additional variables (i.e., age, years of experience, ethnicity, marital status, political affiliation, religious affiliation, frequency of counseling male students regarding sexual concerns and frequency of counseling female students regarding sexual concerns) were reported by participants in the demographics questionnaire. Counselor ethical decision-making was measured by the Ethical Decision-Making Questionnaire, which was created for use in this study. Factor analysis was used to divide the items of the Ethical Decision-Making Questionnaire into meaningful subscales.
Sampling Procedures and Data Collection Methods

The population included high school guidance counselors currently employed in schools in Florida. Practicing high school counselors in Florida were recruited to participate in this study through email. The American School Counselor Association membership directory was used to gather email addresses of potential participants. School counselors were also emailed at their workplace email addresses listed on high school webpages. Participants were sent an initial request via email and one to two reminder emails. Additionally, recruitment information was also distributed through the department list serve of one school counselor education program in Florida to recruit alumni members or doctoral students who are practicing school counselors. Contacts were made directly to school counselors' workplace emails and to the counselor preparation program in order to expand the sample and to recruit school counselors who may not be members of professional school counselor organizations.

Potential participants were emailed an invitation to participate in the study. A link was provided to an internet based survey at http://www.counselingtechnology.net. Participants were randomly assigned either the male or female vignette form of the EDMQ. Counselingtechnology.net protected the anonymity of survey participants in by preventing the access of individuals' IP addresses and preventing the tracking of users through cookies. Confidentiality was protected in several ways. Access to data collected on counselingtechnology.net is password protected. Counselingtechnology also uses SSL data encryption. Additionally, no identifying information was gathered from participants.

The study proposed to use multiple regression analyses to determine whether counselor gender or student gender predicted the subscales of the Ethical Decision-
Making Questionnaire. Multiple regression analyses was also conducted to determine if counselor gender, student gender, the Sex-Role Egalitarianism Scale total score, and the subscales of the Brief Sexual Attitudes Scale (Permissiveness, Birth Control, Communion, and Instrumentality) predict the subscales of the Ethical Decision-Making Questionnaire. Finally, multiple regression analyses was used to determine if counselor gender, student gender, the Sex-Role Egalitarianism Scale total score, the subscales of the Brief Sexual Attitudes Scale (Permissiveness, Birth Control, Communion, and Instrumentality), Counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), and amount of time spent counseling male and female students regarding sexual concerns predict the subscales of the Ethical Decision-Making Questionnaire. In the use of multiple regression, Cohen (1992) bases desired sample size on effect size at power = .80 and a given level of probability. For a multiple regression study with seven predictor variables, a medium effect size, power = .80, and probability = .05, the sample size should be 97 individuals. Cohen also indicates an ANOVA for four groups with a medium effect size, power=.80, and probability=.05, the sample size should be 45 individuals per group.

One hundred one female counselors responded to the survey and 60 male counselors responded. However, one male and one female did not answer any of the items beyond selecting their gender and were consequently not included in the study. Three counselors did not indicate present nor recent experience working with high school students. Therefore, they were also removed from the sample. The resultant sample for this study included 58 male counselors and 99 female counselors.
Hypotheses

The following null hypotheses were evaluated in this study.

- **HO1**: There is no relationship between counselor gender, student gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissive, Birth Control, Communion and Instrumentality), and the total score of the Sex-Role Egalitarianism Scale (SRES).

- **HO2**: Counselor gender and student gender do not predict the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO3**: Counselor gender and student gender do not predict the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO4**: Counselor gender and student gender do not predict the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO5**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO6**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO7**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO8**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO9**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score
on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ).

- **HO10**: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire (EDMQ).

**Instruments**

Four instruments were used in this study. These instruments include two existing assessments used in prior research: The Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006) and The Sex-Role Egalitarianism Scale Short Form KK (King & King, 1997). The third instrument, the Ethical Decision-Making Questionnaire (EDMQ) was designed for the current study, based on existing measures. The final questionnaire was used to obtain participants’ demographical information.

**Ethical Decision-Making Questionnaire (EDMQ)**

The dependent variable for the current study is counselor ethical decision-making. The ethical decision-making questionnaire was created for this study using items from questionnaires from several studies, including, The Confidentiality and Minors Questionnaire (Isaacs, 1999; Stone & Isaacs, 2003), The Minors Confidentiality Questionnaire (Lazovsky, 2008); and Moyer & Sullivan’s survey (2008). The Minors Confidentiality Questionnaire (Lazovsky, 2008) was based on questionnaires used by Stone & Isaacs (2003) and Davis & Mickelson (2003). Moyer & Sullivan’s survey was based on a survey by Rae et al. (2002). These questionnaires were created based on
legislative mandates and court decisions concerning managing confidential student information. All of the questionnaires items not pertaining to sexuality were omitted from the item pool to create the EDMQ. While past questionnaires have included items on a range of risk-taking situations, the new questionnaire focused specifically on sexual behaviors.

The EDMQ assessed a counselor’s ethical decision-making in given scenarios involving adolescent sexuality. The EDMQ presented a vignette describing either a male or female high school student, named Jamie, requesting to see the school counselor about a personal concern. One of Jamie’s parents contacts the school counselor and wants to know what was discussed in a recent counseling session. The EDMQ also included 13 items depicting situations involving sexual behavior that Jamie might reveal to the counselor. The EDMQ includes five response options: “It is very likely that I would maintain confidentiality,” “It is somewhat likely that I would maintain confidentiality,” “I am not certain what I would do in this situation,” “It is somewhat likely that I would reveal the information to the parent,” and “It is very likely that I would reveal the information to the parent.” Previous studies have used response options that mention breaking or breaching confidentiality. The word “reveal” was used instead of “break” or “breach” to reduce possible social desirability.

Four items in the EDMQ were created by modifying two items from The Minors Confidentiality Questionnaire (Lazovsky, 2008). These items include a scenario about a sexual active HIV student and a scenario describing a 14-year-old student having a sexual relationship with an older partner. The HIV scenario was expanded to include one item where the student takes care not to affect partners and one item depicting
greater risk of harm in which the student does not take precautions to avoid infecting partners. The scenario describing the 14-year-old was changed to depict a legal age pairing (16-year-old and a 21-year-old partner) and a second item was written to depict an illegal age pairing (15-year-old and a 21-year-old partner).

Three items from Moyer & Sullivan’s (2008) surveyed were modified to create four items in the EDMQ. The student name was changed in an item describing the student in a homosexual relationship and in an item describing a student having sexual intercourse with a steady partner. Moyer and Sullivan’s item about a student having multiple sexual partners was expanded to include a second item depicting more risk of harm with the student having unprotected sexual intercourse with multiple partners.

Three additional items were developed by modifying items from Stone (1999) and Stone & Isaac’s (2003) Confidentiality with Minors Questionnaire. The Confidentiality with Minor’s Questionnaire includes multiple versions of the same items changing only the age of the student. The age of the student was changed when the items were altered for the EDMQ to use a consistent age of 16 years old (legally old enough to consent to sex in Florida). The abortion item was modified to include an item where Jamie requests the location of an abortion clinic to allow the same item to be used for both the male and female “Jamie.” The items describing a student seeking contraceptive or birth control advice or information were changed to one item about a student wanting condoms. Condoms were used instead of birth control in order to use the same item for both gender versions in the EDMQ. The items describing a student sneaking out of the house to meet their boy/girlfriend were changed to show more risk of harm by stating that the student is sneaking out to have sex. The final two items
were created by the researcher for the current study based on current literature on adolescent sexuality. These items include situations in which the student is being sexually harassed at school and the student reports being raped two months ago.

Following the methods used by Moyer and Sullivan (2008), the gender related language used in the vignette of the current study was changed to create two forms of the EDMQ. One version depicts a female student and the second version describes a male student. The 13 items are identical in both versions of the EDMQ, only the gender of the student in the vignettes is different. The two forms were assigned randomly to participants.

A pilot study of the EDMQ was conducted to assess the clarity of directions, format, and items and to determine the approximate amount of time required to complete the questionnaire. The EDMQ was completed (in hard copy format) by 15 graduate students currently practicing as school counselors through an internship and 1 doctoral student who was serving as a group supervisor to the interns. Additionally, two school counselor educators were consulted about the structure of the EDMQ. Following the results of the pilot study and judges’ comments, the questionnaire was updated: typos and grammatical errors were corrected, one item was dropped, and the age of the student was removed from the beginning of the vignette and placed in as a note prior to the items instead. The one item depicting a 15-year-old Jamie was moved to the end of the questionnaire to reduce the confusion of Jamie’s age in the other items. Additionally, the gender language in individual items was changed so that the exact same items could be used for the male and female student forms.
The Brief Sexual Attitudes Scale

Four of the independent variables in the current study came from the subscales of The Brief Sexual Attitudes Scale, including Permissiveness, Birth Control, Communion, and Instrumentality (Hendrick, Hendrick, & Reich, 2006). This scale is a shorter version of The Sexual Attitudes Scale (Hendrick & Hendrick, 1987). Both the original and the brief versions were designed to assess several dimensions of sexual attitudes in a single measure. The Brief Sexual Attitudes Scale has four subscales, each with a different number of items. The scale has a total of 23 items. Items are Likert-type 5-point scales ranging from (A) strongly agree with statement to (E) strongly disagree with the statement. The Sexual Attitudes Scale provided scores for each subscale by assigning numerical values to responses A, B, C, D, and E. A lower score on each of the subscales usually indicates a greater tendency of correspondence to the aspect of sexual attitudes measured by the subscale. However, the scoring was reversed for the current study with 1 being assigned to A (Strongly disagree with the statement) and 5 assigned to A (Strongly agree with the statement) and then dividing by the number of items to find a mean subscale score. The full-scale score was not used.

The Brief Sexual Attitudes Scale includes four subscales Permissiveness, Birth Control, Communion, and Instrumentality (Hendrick, Hendrick & Reich, 2006). The Permissiveness subscale included ten items and assesses a person’s attitudes towards casual, “game playing” style of sex. Sample items include “The best sex is with no strings attached” and “I do not need to be committed to a person to have sex with him/her.” The Birth Control subscale (formerly called Sexual Practices) included three items and measures attitudes about birth control responsibility. For example, “A woman should share responsibility for birth control.” The Communion subscale included five
items measuring attitudes related to the emotional meaning of sex. Sample items include “Sex is the closest form of communication between two people” and “Sex is a very important part of life.” The Instrumentality subscale focuses on physical pleasure. A sample item includes “Sex is primarily the taking of pleasure from another person.”

Hendrick, Hendrick, & Reich (2006) found high internal consistency for all four scales of the brief version. Cronbach’s alphas for each scale were as follows: Permissiveness=.93, Birth Control=.84, Communion=.71, and Instrumentality=.77. Subscale intercorrelations were low: the correlation between the Permissiveness and Instrumentality scales was .41 while correlations between the other combinations of scales were .19 or lower. Test-retest correlations for the four subscales include Permissiveness=.92, Birth Control=.57, Communion=.86, and Instrumentality=.75. All alphas for the shorter version of the scale were similar to (or better than) those for the original, longer version of the scale. Construct validity was established through several recent studies correlating the Brief Sexual Attitudes Scale with other measures including the Love Attitudes Scale, short form (Hendrick et al., 1998), The Relationship Assessment Scale (Hendrick, 1988), The Commitment Scale (Lund, 1985), and the Self-Disclosure Index (Miller et al., 1983). The brief scale was found to have enhanced psychometric properties compared to the longer version. Alpha reliability coefficients ranged from .70 to .95 (Hendrick, Hendrick, & Reich, 2006).

**Sex-Role Egalitarianism Scale**

An additional independent variable came from King & King’s Sex-Role Egalitarianism Scale (SRES) short form KK (1997). The SRES measures attitudes toward the equality of women and men in five different content areas, including marital, parental, employment, educational, and social-interpersonal-heterosexual. The short
form has a total of 25 items, including, five items from each of the five content domains represented in the longer version. Items are Likert-type 5-point scales ranging from strongly agree to strongly disagree with an undecided or no opinion center. Items were scored so that higher scores signify more egalitarian beliefs. When using the shorter twenty-five item versions, only the total scale scores are used. Higher total scores indicate more egalitarian beliefs and lower scores are less egalitarian.

The short forms of the SRES contain items in five content domains related to adult life. A sample item in the Marital Domain is “The husband should be the head of the family.” The Parent Domain includes the item “It is more appropriate for a mother, rather than a father, to change their baby’s diapers.” A sample from the Employment Domain includes “It is wrong for a man to enter a traditionally female career.” A sample item from the Social-Interpersonal-Heterosexual Domain includes “A person should be more polite to a woman than to a man.” The final Educational domain includes the item “Home economics courses should be as acceptable for male students as for female students.”

King & King (1997) used classical test-theory approach, item-response theory, and multifaceted generalizability procedures to assess reliability of the different Sex-Role Egalitarianism scales. Samples included high school and college students, police officers, and participants who have substance abuse problems or problems with violence. The internal consistency reliability alphas were .94 and .92 for Forms BB and KK. The stability alphas were .88 and the equivalence coefficient was .87. Additional studies by King & King estimated Form BB’s internal consistency to be .94 and Form KK at .93 and .97. The short forms also had high correlations to the longer version. A G-
study was conducted showing that forms of the long version are interchangeable. Item-
response analyses revealed that most of the SRES items were more accurate for
responses at the lower end and could more effectively divide participants with lower
levels of egalitarianism.

King & King (1997) used convergent, discriminant, and nonmological methods to
validate the SRES. Several studies showed that SRES responses were not significantly
influenced by social desirability. Studies providing discriminant validity found that there
is no relationship between the SRES and the Bem Sex Role Inventory (which measures
masculinity, femininity, and androgyny) as well as the SRES and the Spence &
Helmreich’s (1978) Personal Attributes Questionnaire (which measures gender related
traits). Two studies showed some convergence between the SRES and the Attitudes
Toward Women Scale (Spence & Helmreich, 1972). However, they do measure slightly
different constructs. While the AWS looks only at attitudes towards women, the SRES
considers views about women and beliefs about men. Additional studies have also
used the SRES as a predictor for attitudes towards domestic conflict and violence.

Demographic Information

Participants completed a questionnaire regarding demographic data.

Demographic information collected in the study was determined by relevant literature,
feminist theory, and past studies. Demographic data collected for this study included
participant gender as an independent variable. Additional demographic data collected
and used as independent variables include participant age, years of experience as a
school counselor, race/ethnicity, political affiliation, religious affiliation, frequency of
counseling male students regarding sexual concerns, and frequency of counseling
female students regarding sexual concerns. To verify participant eligibility for the study,
information about the grade level of students worked with in the past five years, and grade levels of students worked with in the current year was also collected.

**Procedures**

Before beginning the internet-based survey, participants read and electronically signed an informed consent. Participants were informed of the sensitive and personal nature of the assessment questions. Participants were asked to complete four sections of the survey. First, participants completed an ethical decision-making questionnaire. Second, participants completed King & Kings (1997) Sex-Role Egalitarianism Scale. Third, participants completed Hendrick, Hendrick, & Reich’s (2006) Brief Sexual Attitudes Scale. Finally, participants completed a demographic questionnaire. The expected time required to complete all four questionnaires was approximately 40 minutes. However, multiple participants reported actual completion time closer to 10 to 15 minutes.

**Data Analyses**

The dependent variable for this study is counselor’s ethical decision-making based on counselor responses to the Ethical Decision-Making Questionnaire. Factor analysis was used to create three subscales of the Ethical Decision-Making Questionnaire. Two of the independent variables, counselor gender and student gender, are dichotomous having two categories: male and female. Approximately half of the participants received the female vignette version of the EDMQ, while the other half received the male version. Seven independent variables are all continuous: attitudes towards gender, Permissiveness Sexual Attitudes, Birth Control Sexual Attitudes, Communion Sexual Attitudes, Instrumentality Sexual Attitudes, counselor age, and years of experience. Additional independent variables based on counselor
characteristics and reported frequencies (i.e., ethnicity, marital status, religious affiliation, political affiliation, and the frequencies of counseling male and female students regarding sexual concerns) are categorical.

Descriptive statistics for study variables were calculated. To address the first research question, Pearson correlations were used to look at relationships between counselor gender, student gender, the scores on the sexual attitudes subscales (i.e., Brief Sexual Attitudes Scale), and gender role attitudes. To address the second through tenth research questions, the data was analyzed using multiple linear regression to determine if these independent variables can be used to predict counselor ethical decision-making. Separate regression analyses were conducted for each of the subscales in the EDMQ.
CHAPTER 4
RESULTS

This chapter presents the results of the web-based survey administered to high school counselors in Florida. The dependent variables addressed in the survey concerned the ethical decision-making of high school counselors to given scenarios involving adolescent sexuality. The independent variables include counselor sexual attitudes, attitudes towards gender, counselor gender, student gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation) and frequency of counseling male and female students regarding sexual concerns. Information about the participants is reported first, followed by reliability information and factor analysis on the Ethical Decision-Making Questionnaire, descriptive data, and then results of correlations and regression analyses.

Demographic Characteristics

Participants included high school counselors employed in Florida schools. Ninety-nine participants were female (63%) and 58 were male (37%). The mean age of the participants was 44.66 \((SD = 12.24)\). Participants’ age ranged from 23 to 73. One participant did not report age. Participants were asked for information concerning the number of years they had worked as a school counselor and the grade levels they served. The mean years of experience as a school counselor was 10.06 \((SD = 8.21)\). Participants’ years of experience ranged from 1 to 40 years. Two participants did not report their years of experience. For the purpose of data analysis, male counselor gender is recorded as zero and female counselor gender as one.
The web-based survey at www.counselortechology.net divided the one hundred fifty-seven participants into four groups. Group one included 29 male counselors responding to a female student vignette (18.5%), group two included 29 male counselors responding to a male student vignette (18.5%), group three included 49 female counselors responding to a female student vignette (31.2%), and group four had 50 female counselors responding to a male student vignette (31.8%). ANOVA was conducted to determine if there were significant differences in age or years of experience between the four groups of participants. Differences between groups were not significant for counselor age $F(3,152) = .634, p = .594$, nor years of counseling experience $F(3,151) = 1.401, p = .245$.

Participants were asked to endorse as many ethnicities as they thought appropriate to describe themselves from a list including Asian, African-American/Black, Caucasian/White, Latino/Hispanic, Native-American, and other. A total number of 19 participants (12.2%) identified as African-American/Black, 122 (78.2%) as Caucasian/White, 14 (9.0%) as Latino/Hispanic, and 1 (0.6%) as Native American. Only two participants elected to indicate more than one ethnicity: one participant indicated both African-American/Black and Latino/Hispanic and one participant indicated both African-American and Native American. In addition, one participant selected Caucasian/White and typed in "Middle Eastern." This individual was included in the Caucasian/White category described above.

Additional demographic information collected included personal relationship status (e.g., marital), political affiliation, and religious affiliation. One hundred thirteen participants indicated they were currently married or in a lifelong commitment (72.9%),
15 were committed but not married (9.7%), 7 were dating (4.5%), 20 were not currently involved (12.9%), and 2 omitted this item. Seventy-two participants reported Democrat as their political affiliation (46.5%), 38 Republican (24.5%), 39 Independent (25.2%), 6 selected “Other” (3.9%), and 2 declined to answer. Eighty-one participants selected Christian/Protestant as their religious affiliation (51.9%), 40 Catholic (25.6%), 14 Jewish (9.0%), 1 Buddhist (0.6%), 9 Agnostic (5.7%), 5 Atheist (3.2%), 6 selected “Other” (3.8%), and 1 participant omitted this item.

Participants were asked to select the grade levels in which they have worked within the past five years from the following list of options: Pre-K and Elementary, Middle School (6th, 7th, 8th grade), 9th grade, 10th grade, 11th grade, 12th grade, and College or Adult. Twenty-six participants indicated experience with Pre-K and Elementary students (16.6%), 52 with Middle School (33.1%), 149 with 9th grade (94.9%), 150 with 10th grade (95.5), 154 with 11th grade (98.1), 151 with 12th (96.2%), and 41 with Adult or College (26.1%). Participants were also asked to select the grade levels in which they are working in the current school year. Five participants indicated that they were working with Pre-K and Elementary students in the current school year (3.2%), 15 with Middle School (9.6%), 123 with 9th grade (78.3%), 122 with 10th grade (77.7%), 121 with 11th grade (77.1%), 125 with 12th grade (79.6%), and 22 with College or Adult (14.0%). The population of interest to this study was counselors with recent experience working with high school students (e.g. grades 9-12). Three respondents were omitted from the study because they did not indicate high school experience during the past five school years.
Participants were asked to report their frequency of counseling male and female students concerning issues related to sexuality or sexual behavior. Fifty-seven (36.3%) of participants indicated they counseled male students regarding sexuality or sexual behavior “Rarely to never,” 53 (33.8%) reported “A few times per school year,” 30 (19.1%) “Once or twice a month,” 11 (7.0%) “Weekly,” and 6 (3.8%) “Daily.” Twenty-one participants (13.4%) indicated they counseled female students regarding sexuality or sexual behavior “Rarely to never,” 57 (36.3%) reported “A few times per school year,” 44 (28.0%) “Once or twice a month,” 26 (16.6%) “Weekly,” and 9 (5.7%) “Daily.” Analyses to determine whether or not there were differences in frequency of counseling students between male and female counselors were not conducted because of small cell size.

Participants were also asked to report how often they consult with other professionals about ethical decision-making. Eleven participants (7.1%) indicated they consult with other professionals regarding ethical decision-making “Rarely to never,” 43 (27.6%) reported “A few times per school year,” 34 (21.8%) “Once or twice a month,” 44 (28.2%) “Weekly,” and 24 (15.4%) “Daily.” One participant omitted this item. Analyses to determine whether or not there were differences in frequency of consultation between male and female counselors were not conducted because of small cell size.

The Ethical Decision-Making Questionnaire

Factor and reliability analyses were used to identify useful and meaningful scales from the 13 items on the Ethical Decision-Making Questionnaire. The EDMQ utilized a five point Likert type responses including “It is very likely that I would maintain confidentiality” (5), “It is somewhat likely that I would maintain confidentiality” (4), “I am uncertain what I would do in this situation” (3), “It is somewhat likely that I would reveal
the information to the parent” (2), and “It is very likely that I would reveal the information to the parent” (1). The first steps of the analysis included a Principal Components factor analysis using Varimax Rotation and reliability analysis using Cronbach’s Alpha as a measure of internal consistency and reliability. The initial factor analysis indicated there were three factors within the Ethical Decision-Making Questionnaire that accounted for 65.47% of the variance. Inspection of the scree plot provided a visual to examine and assess the viability of the three factor solution. The three factor solution of the 13 items loaded on one and only one factor with acceptable factor loadings at above .30 (Guertin & Bailey, 1970). Table 4.1 presents the items and factor loadings for each of the subscales identified in the Ethical Decision-Making Questionnaire.

The calculated Cronbach’s alpha (α=.879) for the total scale score of the Ethical Decision-Making Questionnaire indicated a fairly high level of internal consistency. Item to total correlations were all positively related. No items were reversely coded. The first subscale was named Consensual Sexual Activity (Consensual) and was defined as sexual behaviors that a 16 year-old adolescent willingly agrees to do, that are legal, and/or do not likely involve imminent harm (i.e., or would not be perceived as a serious risk). The calculated Cronbach’s alpha for the Consensual subscale was α=.896. The second subscale was named Sexual Activity with Victimization (Victimization) and consisted of seven items. The Victimization subscale had a calculate Cronbach’s alpha of α=.720 and was defined as sexual behaviors or situations in which the student is likely to be perceived has being harmed in some way or is unlawful. The third subscale to emerge from the factor analysis consisted of two items and had a calculated Cronbach’s alpha of α=.778. The third subscale was named Sexual Activity with HIV
(HIV) and was defined as sexual behaviors enacted by an individual with the Human Immunodeficiency Virus. Sexual activity with HIV could likely be viewed as possible harm to sexual partners.

The mean score for the Consensual Sexual Activity subscale was 3.80 (SD = 1.05). The mean score for the Sexual Activity with Victimization subscale was 1.94 (SD = .94). The mean score on the Sexual Activity with HIV subscale was 1.96 (SD = 1.16). For all three subscales, scores ranged from 1 “very likely to reveal” to 5 “very likely to maintain confidentiality.” Based on these mean scores, participants reported being more likely to maintain student confidentiality for situations described in the Consensual Sexual Activity subscale. Participants also reported being more likely to reveal information to the parent when presented items related to the Sexual Activity with Victimization and Sexual Activity with HIV subscales. Frequency information for participant responses to the Ethical Decision-Making Questionnaire is presented in Table 4.2.

Group one included 29 male counselors responding to a female student vignette. Group two included 29 male counselors responding to a male student vignette. Group three included 49 female counselors responding to a female student vignette. Group four included 50 female counselors responding to a male student vignette. For group one, the mean score for the Consensual Sexual Activity subscale was 3.62 (SD = 1.18) group two had a mean of 3.55 (SD = 1.24), group three had a mean of 3.93 (SD.98), and group four had a mean score of 3.93 (SD = .88). For group one, the mean score for the Sexual Activity with Victimization subscale was 1.71 (SD = .80) group two had a mean of 2.01 (SD = 1.06), group three had a mean of 2.06 (SD = 1.00), and group four
had a mean score of 1.91 (SD = .88). The mean score on the Sexual Activity with HIV subscale for group one was 1.61 (SD = .88) group two had a mean of 1.84 (SD = 1.27), group three had a mean of 1.99 (SD = 1.05), and group four had a mean score of 2.18 (SD = 1.31).

ANOVA was used to determine if there were significant differences between the four groups based on the Ethical Decision-Making Questionnaire subscale scores (i.e., Consensual Sexual Activity, Sexual Activity with Victimization, and Sexual Activity with HIV). Group differences were not significant for any of the three scales. For Consensual Sexual Activity subscale, F = 1.378 (3,153), p = .252. For the Sexual Activity with Victimization subscale, F = .90 (3,153), p = .445. And for the Sexual Activity with HIV subscale, F = 1.58, p = .197.

Additional ANOVA were used to determine if there were differences between the four groups based on the subscales scores of the Brief Sexual Attitudes Scale or the total scale score of the Sex-Role Egalitarianism scale. Analyses showed that the differences between the four groups were significant for the Sex-Role Egalitarianism scale, F = 2.726 (3, 153), p = .046. Differences between groups were not significant for Birth Control, Communion, and Instrumentality. Group differences for Permissiveness were approaching significance, F = 2.656, (3, 153), p = .051.

**Hypothesis Testing**

Hypothesis 1 stated: *There is no relationship between counselor gender, student gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissive, Birth Control, Communion and Instrumentality), and the total score of the Sex-Role Egalitarianism (SRES).* Two-tailed Pearson correlations were used to determine if any of the main independent variables were related to each other. Correlational analysis revealed
several significant relationships among the independent variables. Counselor gender was related to the Permissiveness subscale of the Brief Sexual Attitudes Scale, \( r = -0.163, n = 157, p < .05 \) and the Sex-Role Egalitarian total scale score, \( r = 0.213, n = 157, p < .01 \). The Permissiveness subscale of the Brief Sexual Attitudes Scale was related to the Instrumentality subscale of the Brief Sexual Attitudes Scale, \( r = 0.263, n = 157, p < .01 \) and the total scale score of the Sex-Role Egalitarianism Scale, \( r = 0.296, n = 157, p < .01 \). The Birth Control subscale of the Brief Sexual Attitudes Scale was related to the Communion subscale of the Brief Sexual Attitudes Scale, \( r = 0.26, n = 157, p < .01 \) and the total scale score of the Sex-Role Egalitarianism Scale, \( r = 0.157, n = 157, p < .05 \). See Table 4-3.

Two-tailed Pearson correlations were also used to determine if any of the main independent variables were related to the dependent variables (i.e., the subscales of the Ethical Decision-Making Questionnaire). Counselor gender was related to the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire, \( r = 0.161, n = 157, p < .05 \). The Permissiveness subscale was significantly related to all three subscales of the Ethical Decision-Making Questionnaire: Consensual Sexual Activity, \( r = 0.204, n = 157, p < .05 \), Sexual Activity with Victimization, \( r = 0.239, n = 157, p < .01 \), and Sexual Activity with HIV, \( r = 0.165, n = 157, p < .05 \). These results are presented in Table 4-3.

Additional two-tailed Pearson correlations were used to determine if any of the counselor’s characteristics, such as age, or frequency of counseling male and female students were related to the dependent variables. Counselor age was related to the Consensual Sexual Activity subscale: \( r = -0.173, n = 156, p < .05 \). Reported frequency of
counseling males regarding sexual concerns was also related to the Consensual Sexual Activity subscale, $r = -.159$, $n = 157$, $p<.05$. See Table 4-4.

Multiple linear regression analyses were conducted to determine if counselor gender, student gender, the four subscales of the Brief Sexual Attitudes Scale (i.e., Promiscuity, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale, other counselor characteristics (i.e., age, years of experience, ethnicity, marital status, religious affiliation, and political affiliation), and time spent counseling male and female students regarding sexuality predicted the three Ethical Decision-Making Questionnaire subscales (i.e., Consensual Sexual Activity, Sexual Activity with Victimization, and Sexual Activity with HIV). The subscale scores and the total score of the Brief Sexual Attitudes Scale were calculated by summing across individual responses to each item and dividing by the number of items in each subscale or total scale. Promiscuity, Birth Control, Communion, and Instrumentality subscale scores, and the SRES total scale score were used as independent variables. Counselor gender was reported by participants in two ways: participants were asked to select their gender before beginning their survey and as confirmation of gender the first item of the survey asked them to indicate their gender. Counselor characteristics and time spent counseling male and female students were reported by participants in the demographics questionnaire. The student’s gender was depicted by the vignette to which the participants responded. Approximately half of the male participants, and one half of the female participants, were directed by www.counselingtechnology.net to a vignette depicting a male student and one half were directed to a vignette depicting a female student. A probability level of $p=.05$ was used as the criteria for rejecting or not
rejecting the null hypotheses and the data was checked to assure all assumptions were met and collinearity with was within acceptable ranges. The variance inflation factor (VIF) had a range of 1.00 to 1.178, thus indicating that multicollinearity was not problematic.

Hypothesis 2 stated: *Counselor gender and student gender do not predict the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ).* The regression model including counselor gender and student gender as predictors of Consensual Sexual Activity subscale scores was not significant \((R=.161, R^2=.026, R^2_{adj} = .013, F (2, 154) = 2.056, p=.132)\). However, counselor gender was significant \((T=2.022, p=.045)\). As a result, the null hypotheses for student gender was not rejected while the null hypothesis for counselor gender was rejected. Tables 4-5 and 4-6 illustrate the results of the regression analysis for Hypothesis 2.

Hypothesis 3 stated: *Counselor gender and student gender do not predict the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ).* The regression model indicated that counselor gender and student gender do not predict scores on the Sexual Activity with Victimization subscale \((R=.063, R^2=.004, R^2_{adj} = -.009, F (2, 154) = .307, p=.736)\). As a result, the null hypotheses for counselor gender and student gender were not rejected. Tables 4-7 and 4-8 illustrate the results of the regression analysis for Hypothesis 3.

Hypothesis 4 stated: *Counselor gender and student gender do not predict the subscale scores of the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire (EDMQ).* The regression model indicated that counselor gender and student gender do not predict scores on the Sexual Activity with HIV subscale of the
Ethical Decision-Making Questionnaire ($R = .173, R^2 = .030$, $R^2_{adj} = .017$, $F (2, 153) = 2.374, p = .097$). As a result, the null hypotheses for counselor gender and student gender were not rejected. Tables 4-9 and 4-10 illustrate the results of the regression analysis for hypothesis 4.

Hypothesis 5 stated: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ). A stepwise multiple regression procedure was used to identify the best model. Results of the one step model indicated the total scale score of the Sex-Role Egalitarianism Scale predict scores on the Consensual Sexual Activity subscale of the EDMQ ($R = .228, R^2 = .052$, $R^2_{adj} = .046$, $F (1, 155) = 8.494$, $p = .004$). The one step model accounted for 4.6% of the variance. As a result the null hypothesis was not rejected for Permissiveness, Birth Control, Communion, Instrumentality, and student gender. The null hypothesis was rejected for the total score on the Sex-Role Egalitarianism Scale. Tables 4-11 and 4-12 illustrate the results of the regression analysis for Hypothesis 5.

Hypothesis 6 stated: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ). A stepwise multiple regression procedure was used to identify the best model. Results of the one step model indicated only the
Permissiveness subscale predicted the Sexual Activity with Victimization subscale of the EDMQ (R=.239, R^2=.057, R^2_{adj}=.051, F (1, 155) = 9.424, p = <.003. The one step model accounted for 5.7% of the variance. As a result the null hypothesis was not rejected for Birth Control, Communion, Instrumentality, Counselor Gender, and Student Gender. The null hypothesis was rejected for Permissiveness. Tables 4-13 and 4-14 illustrate the results of the regression analysis for hypothesis 6.

Hypothesis 7 stated: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), and the student’s gender do not predict scores on the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire. A stepwise multiple regression procedure was used to identify the best model. Results of the three step model indicated the Instrumentality subscale, the Birth Control subscale, and the total score of the Sex-Role Egalitarianism Scale predicted the Sexual Activity with HIV subscale of the EDMQ (R=.359, R^2=.129, R^2_{adj}=.112, F (1, 152) = 8.043, p = <.05. The one step model accounted for 6.7% of the variance. As a result the null hypothesis was not rejected for Permissiveness, Communion, Counselor Gender, and Student Gender. The null hypothesis was rejected for Instrumentality, Birth Control, and the Sex-Role Egalitarianism Scale. Tables 4-15 and 4-16 illustrate the results of the regression analysis for hypothesis 7.

Hypothesis 8 stated: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status,
political affiliation, and religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Consensual Sexual Activity subscale of the Ethical Decision-Making Questionnaire (EDMQ).

A stepwise multiple regression procedure was used to determine the best model for predicting each EDMQ subscale. Results of the four step model indicated religious affiliation, counselor age, the total score of the Sex-Role Egalitarianism Scale, and the frequency of counseling males regarding sexuality were predictors of the Consensual Sexual Activity subscale of the EDMQ ($R=.370$, $R^2=.137$, $R^2_{adj}=.113$, $F (1, 145) = 5.185$, $p = <.05$). The four step model accounted for 11.3% of the variance. Tables 4-17 and 4-18 illustrate the results of the regression analyses.

Hypothesis 9 stated: Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Sexual Activity with Victimization subscale of the Ethical Decision-Making Questionnaire (EDMQ). Results of the two step model indicated religious affiliation and Birth Control were predictors of the Sexual Activity with Victimization subscale ($R=.342$, $R^2=.117$, $R^2_{adj}=.105$, $F (1, 147) = 4.589$, $p = <.05$). The two step model accounted for 11.7% of the variance. Tables 4-19 and 4-20 illustrate the results of the regression analyses.
Hypothesis 10 stated: **Counselor gender, the subscales of the Brief Sexual Attitudes Scale (i.e., Permissiveness, Birth Control, Communion, and Instrumentality), the total score on the Sex-Role Egalitarianism Scale (SRES), the student’s gender, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, religious affiliation), frequency of counseling female students regarding sexuality, and frequency of counseling male students regarding sexuality do not predict scores on the Sexual Activity with HIV subscale of the Ethical Decision-Making Questionnaire (EDMQ).** The two step model indicated that Birth Control and the total score for Sex-Role Egalitarianism Scale predicted the Sexual Activity with HIV subscale \( R^2 = .316, R^2_{adj} = .088, F(1, 146) = 10.051, p = <.05 \). The two step model accounted for 10% of the variance. Tables 4-21 and 4-22 illustrate the results of the regression analyses.

ANOVA was used to further examine the relationship between scores on the Ethical Decision–Making Questionnaire based on the reported religious affiliation. The first three groups included Christian-Protestant, Catholic, and Jewish. Religious affiliations selected by fewer participants (i.e., Hindu, Buddists, Muslim, Agnostic, Atheist, and other) were combined to create a fourth group for the analysis. Results indicated significant differences between the religious groups for the Consensual Sexual Activity subscale, \( F = 2.883 (3, 152), p = .047 \) and the Sexual Activity with Victimization subscale, \( F = 7.021 (3, 152), p = .000 \). Differences on the Sexual Activity with HIV subscale were not significant. Multiple comparisons Bonferroni post hoc analyses were conducted to learn more about the specific differences between different religious affiliations. For the Consensual Sexual Activity subscale, differences between
participants reporting Christian-Protestant and Other affiliations were significant with Christian-Protestants being less likely to maintain confidentiality for consensual sexual activity. For scores on the Victimization subscale, Christian-Protestant’s reported being statistically more likely to reveal the information than Catholics and those with affiliations in the Other group.

Summary

The total scale score of the Sex-Role Egalitarianism Scale predicted scores on the Consensual Sexual Activity subscale of the EDMQ. The Permissiveness subscale predicted the Sexual Activity with Victimization subscale of the EDMQ. The Instrumentality subscale, the Birth Control subscale, and the total score of the Sex-Role Egalitarianism Scale predicted the Sexual Activity with HIV subscale of the EDMQ. However, no more than 11% of variance accounted for in Ethical Decision-Making subscale scores was based on counselor gender, student gender, sexual attitudes measured by the four subscales of the Brief Sexual Attitudes Scale, and gender attitudes measured by the total score on the Sex-Role Egalitarianism scale.

When additional counselor characteristics and frequency of counseling male and female students was included as possible independent variables, religious affiliation, counselor age, and the frequency of counseling males regarding sexuality helped predict scores on the Consensual Sexual Activity Subscale. Religious affiliation was helpful in predicting the Sexual Activity with Victimization subscale scores. However, no additional variables helped to predict Sexual Activity with HIV.
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<th>Factor 2</th>
<th>Factor 3</th>
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Table 4-3. Pearson product-moment correlations between continuous variables

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<th>Ins</th>
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<th>CSA</th>
<th>SAV</th>
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<td>.157*</td>
<td>.296</td>
<td>.012</td>
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*p < .05, **p < .01, two-tailed test

Abbreviations used in table: Birth Control (Bir), Communion (Com), Permissiveness (Per), Instrumentality (Ins), Sex Role Egalitarianism Scale (SRES), Consensual Sexual Activities (CSA), Sexual Activity with Victimization (SAV), Sexual Activity with HIV (HIV).

Table 4-4. Additional Pearson product-moment correlations

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*p < .05, **p < .01, two-tailed test
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Table 4-14. Coefficients Hypothesis 6

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Table 4-16. Coefficients Hypothesis 7

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Table 4-17. Model Summary for Demographic Information & Consensual subscale

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<th>R²</th>
<th>R²adj</th>
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<th>Fchg</th>
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Table 4-18. Coefficients for Demographic Information & Consensual subscale

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<th>β</th>
<th>T</th>
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Table 4-19. Model Summary for Demographic Information & the Victimization subscale

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<td>p</td>
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<td>Partial ( r )</td>
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CHAPTER 5
DISCUSSION

As summarized in chapters 1 and 2, counselors’ ethical decision-making has been discussed in the literature and addressed in multiple studies. However, counselor decision-making regarding adolescent sexuality has been examined only marginally. This study examined possible relationships between student’s gender, counselor’s gender, gender attitudes, sexual attitudes, counselor characteristics (i.e., age, years of experience, ethnicity, marital status, political affiliation, and religious affiliation), frequency of counseling male and female students, and high school counselors’ ethical decision-making regarding adolescent sexuality. Findings of the current study will provide new information about how ethical decision-making is related to counselors’ reported attitudes towards sexuality and gender as well as additional counselor characteristics and practices.

Discussion of Findings

Findings related to the Ethical Decision-Making Questionnaire subscales will be discussed first. Next, relationships between gender, gender attitudes, sexual attitudes, counselors characteristics, frequency of counseling and ethical decision-making will be discusses. This will be followed by sections on implications for practice, theory, and research.

Ethical Decision-Making: Consensual, Victimization, and HIV

Participants in the study reported being more likely to reveal information to parents for situations involving sexual activities in which the student’s sexual activity is perceived as victimization (or illegal) and for sexual activity involving HIV. Conversely, counselors in the current study reported being more likely to maintain confidentiality for
consensual sexual behaviors with victimization and/or HIV. This finding supports past studies in which counselor’s decisions to break or maintain confidentiality related to the perceived dangerousness of the behavior (Isaacs, 1999; Moyer & Sullivan, 2008). It is very likely that counselors in the current study perceived more risk or harm associated with the sexual behaviors involving victimization and HIV and were thus, more likely to reveal information to their parents.

The Victimization subscale of the EDMQ described ongoing sexual relationships with older partners. More than half of the counselors in this study reported being likely or very likely to break confidentiality and reveal a lawful sexual partnership between a 16 year-old student and a 21 year-old partner. According to Florida Statute 800.044, any sexual act with a partner less than 16 is a felony. More than 80% of counselors reported being likely or very likely to reveal the unlawful sexual partnership between a 15 year-old student and a 21 year-old partner. This researcher did not know whether or not the counselors knew the relevant sex laws or if they were making their decisions based on other factors such as their interpretation of ethics, perceived harm to the student, or other attitudes and beliefs. The HIV subscale included items that indicated possible harm to the student’s sexual partners by passing on a dangerous virus. Additionally, a wide perception of our society today is that living with HIV can have many medical, financial, and social complications. The counselors in this study may have reported more willingness to reveal this information to the parent out of a desire to both assist the student and to protect the student’s current and future sexual partners. Additional findings related to each of the three subscales of the ethical decision-making
dependent variables (i.e., consensual sexual activity, sexual activity with victimization, and sexual activity with HIV) will be discussed in the remainder of the chapter.

**Gender, Attitudes Toward Gender, and Ethical Decision-Making**

Previous research on school counselors’ ethical decision-making has marginally addressed differences between male and female counselors’ decision-making for male and female students. Moyer & Sullivan (2008) compared decision-making for middle and high school male and female students regarding a variety of risk-taking behaviors. In their study, differences for male and female high school students in the sexual behaviors domain were not significant. Differences between male and female counselors were not discussed. Similar to Moyer and Sullivan, the current study was designed to determine whether counselors differed in ethical decision-making according to students’ gender. In regard to sexual behaviors, this study found evidence that counselor gender is related to ethical decisions for consensual sexual activity, with female counselors showing more support for maintaining confidentiality. No evidence was found to support the theory that counselors make ethical decisions for male and female adolescents differently.

However, differences were observed between male and female counselors regarding their views on gender roles. Differences between male and female participants on the Sex-Role Egalitarianism scale were statistically significant. These findings showed that female counselors reported more egalitarian gender role attitudes than did male counselors. For example, female counselors more strongly agreed with statements on the Sex-Role Egalitarianism Scale such as *women can handle job pressures as well as men can* and more strongly disagreed with statements such as a *woman should not be President of the United States*. Past research has shown that
gender attitudes affect the counseling process (Gold & Hawley, 2001; Seem & Johnson, 1998; Simon, Myrna, & Heatherington; Trepal, Wester & Shuler, 2008; Wetmore-Foshay, O'Neill, & Foster, 1981) and that counselors’ beliefs about gender are not always egalitarian (Seem & Johnson, 1998; Trepal et al., 2008). The findings of the current study also indicated that male and female counselors hold different views of sex-role egalitarianism. The results of this study, although male and female counselors may not make decision differently for male and female students, they do report differences in attitudes towards gender, with women expressing more support for egalitarianism.

In this study, counselors’ gender attitudes (as measured by total scores on the Sex-Role Egalitarianism Scale) were related to their ethical decision-making when consensual sexual activity or HIV-related dilemmas were considered. Counselors with more egalitarian attitudes reported a greater likelihood to maintain confidentiality for adolescents’ consensual sexual activities. Those counselors with less egalitarian views were less likely to maintain confidentiality. In addition, counselors with more egalitarian views of gender are less likely to reveal sexual activity with HIV and counselors with less egalitarian views are more likely to reveal sexual activity with HIV. Theorists have suggested that school counselors’ interactions with adolescents and their decision-making are likely to be influenced by gender attitudes and stereotypes (Gold & Hawley, 2001). The results of this study partially supported this theory. However, more information is needed to understand why counselors with more equal views of sex-roles for men and women are more protective of confidentiality in situations involving adolescent sexuality. Therefore, more research is needed to clarify the relationship
between gender attitudes and school counselor decision-making regarding adolescent sexuality.

**Counselors’ Sexual Attitudes and Ethical Decision-Making**

Permissiveness (i.e., acceptance of casual sex and multiple partners) and birth control (i.e., support for birth control use and dual responsibility) sexual attitudes (as measured by the Brief Sexual Attitudes Scale) were related to counselors’ ethical decision-making. However, different areas of sexual attitudes predicted different subscales of the Ethical Decision-Making Questionnaire. Because no known research has examined the relationship between sexual attitudes and counselors’ ethical decision-making regarding adolescent sexuality, new ideas and theories are needed to explain the current study’s findings.

Counselors reporting more permissive sexual attitudes were less likely to reveal sexual activities with victimization and counselors with less permissive attitudes are more likely to reveal sexual activity with victimization. Lifestyles supporting permissiveness (i.e., acceptance of casual or game playing style of sex) could be perceived as involving more risk (i.e., more exposure to sexually transmitted infections) than sexual lifestyles with fewer partners or sex activity within committed partnerships. Perhaps counselors who are more supportive of sexual permissiveness are less alarmed by riskier sexual activities, such as adolescents with older sexual partners, and therefore were less likely to report that they would reveal information. More study is needed to fully understand this relationship.

Counselors who reported more focus on the physical pleasure associated with sex (i.e., higher scores on the Instrumentality subscale) are less likely to reveal sexual activity with HIV. Counselors who reported less support for instrumentality are more
likely to reveal sexual activity with HIV. Previous research has found sexual instrumentality negatively related to both altruistic love and self-disclosure (Hendrick, Hendrick & Reich, 2006). Perhaps, conversely, counselors who have sexual attitudes less focused on their own physical pleasure are more likely to be concerned about casual sex in others, especially those of a minor age or with HIV. Because a relationship between instrumentality and counselors’ decision-making regarding adolescent sexuality has not been addressed in the prior literature, this finding requires more examination.

Counselors with more supportive views on birth control responsibility were more likely to reveal adolescent sexual activity involving victimization. The study also showed that counselors who reported more support of birth control responsibility, a belief that birth control is a responsible part of sexuality and that both men and women should share responsibility for it, were less likely to reveal sexual activity with HIV. Birth control can be considered a protective measure against HIV (and other STIs) as well as control to prevent undesired reproduction. Revealing sexual activity that involves students being victimized can also be seen as a protective measure to prevent the student from harm by allowing for parental intervention and support.

Revealing sexual activity with HIV could be seen as a protective measure to both protect the student and their sexual partners and to prevent spread of a serious illness. However, the results of this study showed a negative relationship between birth control attitudes and the decision to keep sexual activity confidential, which may seem counter-intuitive. One might have expected for counselors who strongly support protective measure such as birth control responsibility to be more protective of students’ sexual
health as well. However, in this study, counselors with stronger birth control attitudes were less likely to reveal sexual behaviors with HIV despite that one of the HIV related scenarios depicted a student with HIV having unprotected sexual intercourse with multiple partners. Therefore, the relationship between counselors’ perceptions of birth control and decisions concerning HIV is a surprising finding and requires further investigation.

Other Counselor Characteristics, Frequency of Counseling, & Ethical Decision-Making

Past research has found that counselor age and years of experiences were not significant predictors of counselor’s ethical decision-making (Bordenhorn, 2006). However, in the current study, counselor age was significantly related to their views on consensual sexual activities. A negative relationship showed that younger school counselors reported being more likely than older school counselors to maintain confidentiality for students regarding consensual sexual activities. Decisions to maintain confidentiality are likely based on the counselor’s evaluation of the perceived danger in the behavior, the perceived need for parental intervention, and the ethical responsibility of duty to warn.

Previous theories have also proposed that counselors experience uncertainty about their obligations to student clients and their parents because their own values are more similar to the values held by the other adults than to those of the minors with whom they work (Wagner, 1981). However, in contrast, this finding could suggest that school counselors who are closer in age to adolescents have more similar values and beliefs related to sexual behaviors. Although this finding was statistically significant, it did not account for much of the variance. Therefore, the relationship between
counselor’s age and their decision making for adolescent sexual activity remains unclear.

Researchers have theorized that school counselors’ interpretations of ethical codes and ethical decision-making are influenced by their personal attitudes, values, and beliefs (Moyer & Sullivan, 2008; Wagner 1981). However, past research on ethical decision-making has not addressed the relationship between individual counselor characteristics such as religious affiliation, marital status, political affiliation and their ethical decision-making. When examining these three characteristics, the current study found significant relations only between religious affiliation and ethical decision-making.

It is likely that counselors’ morals, values, and beliefs are associated with their religion. Therefore, religious beliefs likely influence ethical decision-making regarding adolescent sexuality. Results of this study showed that religious affiliation was related to counselor’s views on consensual sexual activity and sexual activity that involves victimization. Analyses revealed that counselors reporting Christian-Protestant affiliation are less likely to maintain confidentiality than counselors associated with other religions (i.e., Hindu, Buddhist, Muslim, Agnostic, Atheist, and other). Possible individual differences could be attributed to sexual attitudes and views based in, or associated with, these different religious beliefs. Attitudes about adolescent consensual sexual behaviors may be more conservative in Christian-Protestant religions as compared to the other religions. For example, findings of the current study showed that counselors reporting affiliation with different religions differed significantly on sexual attitudes related to permissiveness. Counselors from other religions (i.e., Hindu, Buddhist, Muslim,
Agnostic, Atheist, and other) expressed more support for permissiveness than counselors affiliated with Christian-Protestants, Catholics, and Jewish religions.

Counselors with Christian-Protestant affiliation were significantly less likely than their peers from other religious backgrounds to maintain confidentiality for the consensual sexual activities. However, for sexual activities involving possible victimization, Christian-Protestant counselors were more likely to reveal the behaviors than both Catholic affiliated counselors and counselors affiliated with “Other” religious groups. Because of the correlational nature of the current study, it is not known why counselors of Christian-Protestant faith would be more likely to break confidentiality for situations of victimization, so further investigation of this finding is recommended.

Previous studies have not considered relationships between ethical decision-making and the frequency of counseling male and female students regarding sexual issues. Frequency of counseling male students regarding sexuality was negatively related to counselors’ decisions concerning adolescent consensual sexuality activity. Counselors who reported counseling male students regarding sexual concerns less often are more likely to maintain confidentiality for students regarding consensual sexual activities. Conversely, those who report counseling males regarding sexuality more often are less likely to maintain confidentiality. The frequency of counseling females was not significantly related to ethical decision-making. These findings are intriguing and have not been addressed in the literature. It is not known why frequency of counseling males was significant while counseling girls was not, thus warranting further investigation of this finding.
Implications for Practice

Counselors in this study reported frequent counseling of male and female students regarding sexual concerns thus reinforcing the relevance of the study topic. More than 50% of participants reported counseling female students regarding sexual issues at least once a month or more often. More than 30% of participants reported counseling male students once a monthly or more. It is important for school counselors to assist students with sexual issues through counseling services and play an active role in school-based sex education. Balancing ethical and legal obligations related to students, parents, and the school systems is difficult for counselors (Glossof & Pate). Counselors may not be sure what is legally or ethically the best choice in situations involving adolescents’ sexuality (Moyer & Sullivan, 2008). School counselors need to be well informed about sexual consent laws and mandatory reporting policies.

When dealing with ethical decision-making regarding adolescent sexuality, school counselors may benefit from consultation and collaboration with health care professionals working in the schools. When available, school nurses or other highly trained professionals may have valuable knowledge and expertise in human sexuality, reproduction, and sexuality transmitted infections. However, this option may be restricted based on common practices of schools staffing infirmaries with individuals who lack college degrees and have limited training and medical expertise. School employees may also be restricted in how they can assist students regarding sexual concerns by conservative school board policies (e.g. abstinence only education).

To prepare school counselors for the demands of ethical decision-making, counselor educators might include more opportunities for discussions, case studies, and role play to educate counselors-in-training about ethical decision-making regarding
sexual behaviors. Courses in human sexuality may be very helpful for counselor-in-training to learn more about their own sexual attitudes as well as sexual issues that may concern students. Counselors-in-training and practicing counselors may also need assistance in keeping up to date on laws regarding sexual behavior and counselors’ duties and obligations regarding reporting sexual behaviors such as unlawful age pairings, sexual harassment, and rape. School counselors are encouraged to stay current through individual research, district wide inservices, and opportunities for continued education through professional counseling association memberships.

Counselors-in-training and practicing counselors are also encouraged to explore their own gender attitudes and how they may affect their counseling relationships and decisions, especially when counseling students with different values. Gender attitudes were defined in this study as believing in egalitarianism between men and women in the domains of marital, parental, employment, social-interpersonal, and educational domain. Counselors should explore their own attitudes in these areas. Other aspects of gender attitudes, such as stereotypes, could also be explored. Personal reflection, research, workshops, and consultation may be used.

**Implications for Theory**

Theorists of counselor ethical decision-making have suggested that counselors’ interpretations of ethical codes and their decisions to break or maintain confidentiality are influenced by their personal attitudes, values, morals, and beliefs (Glosoff & Pate, 2002; Huey, 1986; Isaacs, 1990; Lazsovsky, 2008; Moyer & Sullivan, 2008; & Wagner, 1981). The current study findings support the proposition that counselors’ attitudes towards gender role egalitarianism is related to ethical decision-making regarding adolescent consensual sexuality activity and sexual activities with HIV. So although
counselor and student gender did not prove to be related to counselors’ ethical
decisions, gender attitudes about gender roles were related to their decision making.

The results of this study also support the theory that different kinds of sexual
attitudes (i.e., permissiveness and birth control) are related to counselor ethical
decision-making for adolescent sexuality involving victimization and other sexual
attitudes (i.e. instrumentality and birth control) to sexual activity involving HIV. It is
unknown why the sexual attitudes addressed in this study were not significantly related
to consensual sexual activities.

Different religions and the belief systems they dictate often support different
beliefs about sexual behavior. This study showed a relationship between counselor
decision-making and religious affiliation. Therefore, this study supports the theory that
religious beliefs may influence ethical decisions to maintain or break confidentiality
regarding adolescent sexuality. Theories related to ethical decision-making and
adolescent sexuality could include more detailed explanation of specific religious beliefs
held by members affiliated with different religions.

The current study was guided by a Feminist theoretical framework. Feminist
theories often focus on gender and gender inequality (Enns, 2004; Taylor, 1998;
Tickner, 2005). This study examined differences in ethical decision-making based on
gender but found that student gender did not predict counselors’ decisions to maintain
or break confidentiality. However, female counselors reported being more likely than
male counselors to maintain student confidentiality for consensual sexual activity. In
addition, gender differences were found for gender role attitudes with female counselors
reporting more approval of men in stereotypical female roles and females in
stereotypical male roles. Aims of feminism include eradicating the key differences in gender roles for men and women and allow both genders to live their lives outside of narrowly defined gender-role expectations (Enns, 2005; Hill & Ballou, 2005). Results of the current study show that male counselors may hold stereotypical views of male and female gender roles, though their views were not related to ethical decision-making.

Limitations

Generalizability of the results of this study will be limited in a number of ways. This study was conducted in only one state of the U.S. and results in other geographic areas of the country could be different. It is possible that school counselors in other states and regions of the United States may hold different attitudes about gender and sexuality as well as consider ethical decisions differently. Laws also vary by state. Therefore, it would be beneficial to replicate the study in other areas to improve the generalizability of the study findings. Also, the counselors who participated in this study were volunteers. Counselors who volunteer may have different attitudes and decision-making processes from those who chose to not volunteer. In addition, the sample size was smaller than desired. It is possible that with a larger sample size, more relationships could have been detected. This study was conducted in the month prior to statewide comprehensive testing. Although high school counselors are very busy throughout the entire school year, this may have been an especially demanding time. Research studies surveying school counselors often have poor response rates and more research to improve counselor response rate is needed (Bordenhorn, 2006).

The Ethical Decision-Making Questionnaire format provides only a limited amount of background information on the student described in the vignette. Although the vignettes do not describe the ethnicity of the student, the name “Jamie” is a name
most commonly found in White/Caucasian ethnic group. It is not known if counselors’
decision-making would be different for students of with different racial/cultural
backgrounds. Furthermore, the questionnaire does not provide the student’s history of
risk-taking behaviors, grades and other academic information, social-personal
characteristics, or family background and social support. This information or details
may likely have affected the school counselors’ decisions to break or maintain
confidentiality.

The construction of the Ethical Decision-Making Questionnaire may have limited
the results of this study. Although the web-based survey included an item asking the
frequency that school counselors consult about ethical decision-making, the Ethical
Decision-Making Questionnaire response choices did not include consultation as an
option. Many counselors may seek consultant before making a decision to maintain or
break confidentiality in situations involving sexual behaviors. Counselors are also likely
to collaborate with the student allowing the student to reveal the information to the
parents either on their own or with the counselor’s assistance. A number of counselors
emailed the researcher to discuss part of the study. Several participants reported that
they always work with the student to share information with parents. In addition, several
male high school counselors reported that they were unable to participate in the study
due to the response options omitting an item that allowed them to suggest working with
the student to share the information or facilitating a meeting between the student and
parent.

The Ethical Decision-Making Questionnaire is not yet a well validated scale. The
questionnaire was piloted with counselors-in-training. It may be beneficial to broaden
the scope of expert opinion on the measure and consider changes that can improve its use. In consultation with measurement experts, changes to be considered may include altering the responses choices, the selection of items, or the use of subscales.

An additional limitation to the current study is the possibility that social desirability may contribute to counselor responses. School counselors are trained to know that confidentiality is an important foundation of the counseling foundation. Counselors may overestimate their likeliness to maintain confidentiality when in real situations they may be more likely to break confidentiality. This study is based on self report and it is unknown how counselors would actually respond in real life situations similar to those described in the questionnaires.

**Recommendations for Research**

Future research in examining the sexual ethical decision-making of school counselors may be beneficial in several areas. Surveying counselors in other regions of the country could expand the generalizability of the study. Making changes to the Ethical Decision-Making Questionnaire to include more case study information about the student or offering different response choices could expand the study and help to detect additional relationships between or among the variables.

Future research is needed to further explore the relationships between decision-making and attitudes towards gender and sexuality in more detail. Different definitions of attitudes towards gender and sexual attitudes could be examined. This study examined counselors’ views on gender roles that are appropriate for men and women in five domains of life including marital, parent, employment, social-interpersonal, and educational. Future studies could examine gender bias or gender stereotypes more specifically. Additionally, relationships between counselor’s sex-types (e.g., masculine,
feminine, androgynous) and decision-making could be examined. Sexual stereotypes based on gender (e.g. man as the sexual stud, women as the chastity gatekeepers) could also be studied further in relation to ethical decision-making and adolescent sexuality.

The current study examined sexual attitudes related to permissiveness (e.g. casual, game playing type of sexual relationships), communion (e.g. the spiritual aspects of sex), instrumentality (e.g. the physical aspects of sex), and birth control (e.g. shared responsibility by men and women). Future studies could consider different definitions of sexual attitudes, possibly including specific views towards adolescent sexuality. The sexuality measure used in the current study was written in first person and focused on the counselors' sexual views for themselves. Focusing on sexual views directly related to adolescents could help explore this topic further.

Studies also might further examine the relationships between counselor ethical decision-making regarding adolescent sexuality and counselor characteristics such as religious affiliation, counselor age, and the frequency of counseling male students. For example, instead of only including religious affiliations, future research could include exploration of how specific religious beliefs or teachings about sexuality are related to ethical decision-making regarding adolescent sexuality. Because the current study found different results than previous studies looking at counselor age and decision-making, it is important to further examine this relationship. Future research including time spent counseling male students regarding sexual concerns could possibly include examination of specific topics discussed during sessions and how experience discussing these topics relates to decision-making for future students.
The current study examined many possible variables related to counselor ethical decision-making regarding adolescent sexuality. However, only a small amount of variance was explained using the variables in the current study. Therefore, future studies may also benefit from considering additional independent variables to help understand counselors’ decision-making regarding adolescent sexuality. Research could include examination of the influence of school administration or political environments. Some school administrators and school board officials establish policies that affect counselors’ decisions to maintain and break student confidentiality, decisions to report sexual crimes, as well as decisions to provide information related to sexuality. Studies could survey school leaders and counselors about policies related to student confidentiality and student sexuality.

Finally, while this study addressed maintaining student confidentiality or revealing information to a parent, future research in the area of confidentiality could explore maintaining student confidentiality versus sharing information with school staff. The decision making process as whether to maintain or break confidentiality to a parent may be different than when considering sharing information with other school staff. Research could include decisions about student information related to sexuality as well as other domains such as family relationships and experiences, student health, academic information, peer relationships, and legal issues.

Summary

In summary, this study investigated relationships between high school counselors’ ethical decision-making, gender, gender role attitudes, sexual attitudes, counselor characteristics (i.e., age, years of experience, ethnicity, religious affiliation, political affiliation, marital status), and time spent counseling male and female students.
concerning sexual issues. Participants completed the Ethical Decision-Making Questionnaire, The Brief Sexual Attitudes Scale (Hendrick, Hendrick, & Reich, 2006), the Sex-Role Egalitarianism Scale (King & King, 1997) and a demographic questionnaire. Findings showed that counselor gender was related to ethical decision making for consensual sexual activities. Student gender was not significant in predicting Ethical Decision-Making. Results of the data analyses indicated that counselors’ religious affiliation, counselor age, sex-role egalitarianism Scale scores, and amount of time spent counseling male students concerning sexuality predict the likelihood that counselors maintain confidentiality around adolescents’ consensual sexuality activity. Sexual attitudes related to permissiveness and birth control as well as religious affiliation predicted counselors’ decisions related to adolescent’s sexual activity involving victimization. Finally, sexual attitude related to the instrumentality of sex, birth control attitudes, and sex-role egalitarianism predict counselor’s decision-making for adolescent sexual activity involving HIV.

The results of study have expanded the literature on student confidentiality related to adolescent sexuality. New relationships between ethical decisions to break or maintain confidentiality have been explored. However, balancing student confidentiality and parent rights continue to be a challenging area for school counselors. Confidentiality related to adolescent sexuality requires further study by researchers and further consideration by counselors and counselor educators. School counselors have a significant role to play. They have opportunities to help students explore options and make decisions about their sexual health and sexual behaviors. School counselors also have opportunities to collaborate with students, parents, educators, and health care
workers to provide adolescents with the information and support they need for healthy sexual development and decision-making. It is important for counselors to explore their own values and attitudes related to sexuality and gender, to study ethics related to confidentiality, and to keep updated on laws related to sexual consent and mandatory reporting to guide decision-making regarding adolescent sexuality.
APPENDIX A
ETHICAL DECISION-MAKING QUESTIONNAIRE (EDMQ) FEMALE STUDENT

Jamie is a female high school student who requested to see you-her school counselor. As you and Jamie begin to talk, she seems somewhat reserved and mentions that she has some concerns about confidentiality. You explain the limits of confidentiality in counseling. During the course of your conversation, Jamie admits to some sexual risk-taking situations. One of Jamie’s parents calls you the next day concerned about Jamie. The parent believes Jamie is hiding something. Jamie mentioned that she talked with the school counselor and the parent wants to know what you talked about.

Please consider specific sexual behaviors that are unknown to Jamie’s parents. Please consider if you would maintain confidentiality or reveal the information in each of the following situations by choosing one option below.

If Jamie’s age is not stated in the question, assume Jamie is 16-years-old.

1. Jamie is having sex with a 21 year old partner.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

2. Jamie wants to know where to get free condoms.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

3. Jamie wants directions to an abortion clinic.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

4. Jamie is HIV positive and having sexual intercourse with multiple partners, but takes care to not infect partners.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent
5. Jamie is having sexual intercourse with multiple partners.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

6. Jamie is HIV positive and having unprotected sexual intercourse with multiple partners.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

7. Jamie is having sexual intercourse with a steady partner.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

8. Jamie is sneaking out of the house at night to have sex with a steady partner.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

9. Jamie is having unprotected sexual intercourse with multiple partners.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

10. Jamie is being sexually harassed at school.
    (A) It is very likely that I would maintain confidentiality
    (B) It is somewhat likely that I would maintain confidentiality
    (C) I am not certain what I would do in this situation
    (D) It is somewhat likely that I would reveal the information to the parent
    (E) It is very likely that I would reveal the information to the parent
11. Jamie is having a homosexual relationship.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

12. Jamie reports having been raped two months ago.
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent

13. Jamie is having sex with a 21 year old partner (assuming Jamie is 15).
   (A) It is very likely that I would maintain confidentiality
   (B) It is somewhat likely that I would maintain confidentiality
   (C) I am not certain what I would do in this situation
   (D) It is somewhat likely that I would reveal the information to the parent
   (E) It is very likely that I would reveal the information to the parent
APPENDIX B
ETHICAL DECISION-MAKING QUESTIONNAIRE (EDMQ) MALE STUDENT VERSION

Jamie is a male high school student who requested to see you—his school counselor. As you and Jamie begin to talk, he seems somewhat reserved and mentions that he has some concerns about confidentiality. You explain the limits of confidentiality in counseling. During the course of your conversation, Jamie admits to some sexual risk-taking situations. One of Jamie's parents calls you the next day concerned about Jamie. The parent believes Jamie is hiding something. Jamie mentioned that he talked with the school counselor and the parent wants to know what you talked about.

Please consider specific sexual behaviors that are unknown to Jamie’s parents. Please consider if you would maintain confidentiality or reveal the information in each of the following situations by choosing one options below.

If Jamie’s age is not stated in the question, assume Jamie is 16-years-old.

1. Jamie is having sex with a 21 year old partner.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

2. Jamie wants to know where to get free condoms.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

3. Jamie wants directions to an abortion clinic.
   (F) It is very likely that I would maintain confidentiality
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   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
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4. Jamie is HIV positive and having sexual intercourse with multiple partners, but takes care to not infect partners.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent
5. Jamie is having sexual intercourse with multiple partners.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

6. Jamie is HIV positive and having unprotected sexual intercourse with multiple partners.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

7. Jamie is having sexual intercourse with a steady partner.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

8. Jamie is sneaking out of the house at night to have sex with a steady partner.
   (F) It is very likely that I would maintain confidentiality
   (G) It is somewhat likely that I would maintain confidentiality
   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent

9. Jamie is having unprotected sexual intercourse with multiple partners.
   (F) It is very likely that I would maintain confidentiality
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   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
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   (H) I am not certain what I would do in this situation
   (I) It is somewhat likely that I would reveal the information to the parent
   (J) It is very likely that I would reveal the information to the parent
APPENDIX C
BRIEF SEXUAL ATTITUDES SCALE (HENDRICK, HENDRICK, & REICH, 2006).

Listed below are several statements that reflect different attitudes about sex. For each statement fill in the response on the answer sheet that indicates how much you agree or disagree with that statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind. If you are not currently dating anyone, answer the questions with your most recent partner in mind. If you have never had a sexual relationship, answer in terms of what you think your responses would most likely be.

For each statement:

A = Strongly agree with statement  
B = Moderately agree with the statement  
C = Neutral - neither agree nor disagree  
D = Moderately disagree with the statement  
E = Strongly disagree with the statement

1. I do not need to be committed to a person to have sex with him/her.
2. Casual sex is acceptable.
3. I would like to have sex with many partners.
4. One-night stands are sometimes very enjoyable.
5. It is okay to have ongoing sexual relationships with more than one person at a time.
6. Sex as a simple exchange of favors is okay if both people agree to it.
7. The best sex is with no strings attached.
8. Life would have fewer problems if people could have sex more freely.
9. It is possible to enjoy sex with a person and not like that person very much.
10. It is okay for sex to be just good physical release.
11. Birth control is part of responsible sexuality.
12. A woman should share responsibility for birth control.
13. A man should share responsibility for birth control.
14. Sex is the closest form of communication between two people.

15. A sexual encounter between two people deeply in love is the ultimate human interaction.

16. At its best, sex seems to be the merging of two souls.

17. Sex is a very important part of life.

18. Sex is usually an intensive, almost overwhelming experience.

19. Sex is best when you let yourself go and focus on your own pleasure.

20. Sex is primarily the taking of pleasure from another person.

21. The main purpose of sex is to enjoy oneself.

22. Sex is primarily physical.

23. Sex is primarily a bodily function, like eating.

**Note.** The BSAS includes the instructions shown at the top. The items are given in the order shown. The BSAS is usually part of a battery with items numbered consecutively. For purposes of analyses, we have A=1 and E=5. (The scoring may be reversed, so that A = strongly disagree, etc.) A participant receives four subscale scores, based on the mean score for a particular subscale (i.e., we add up the 10 items on Permissiveness and divide by 10). An overall scale score is really not useful.

<table>
<thead>
<tr>
<th>Items</th>
<th>Scoring Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-10</td>
<td>Permissiveness</td>
</tr>
<tr>
<td>11-13</td>
<td>Birth Control</td>
</tr>
<tr>
<td>14-18</td>
<td>Communion</td>
</tr>
<tr>
<td>19-23</td>
<td>Instrumentality</td>
</tr>
</tbody>
</table>
APPENDIX D
SEX-ROLE EGALITARIANISM SCALE (KING & KING, 1997)

Sample Items

**Marital Domain**

The husband should be the head of the family.

Things work out best in a marriage if a husband stays away from the housekeeping tasks.

**Parental Domain**

It is more appropriate for a mother, rather than a father, to change their baby’s diapers.

Keeping track of a child’s activities should be mostly the mother’s task.

**Employment Domain**

It is wrong for a man to enter a traditionally female career.

Women can handle job pressure as well as men can.

**Social-Interpersonal-Heterosexual Domain**

A woman should be careful not to appear smarter than the man she is dating.

A person should be more polite to a woman than to a man.

**Educational Domain**

Home economics courses should be as acceptable for male students as for female students.

Choice of college is not as important for women as for men.
APPENDIX E
DEMOGRAPHICS QUESTIONNAIRE

1. What is your gender: Female Male

2. What is your ethnicity (select all that apply):
   White/Caucasian  African-American/Black  Asian  Native-American
   Latino/Hispanic  Other:_____________

3. Please select all of the grade levels of students you have worked with in the past five years:________________________________________________________

4. Please select the grade levels of students you are working with in the current school year: ______________________________________________________

5. Please indicate your age: __________

6. Please indicate the number of years you have worked as a school counselor: ___

7. Please indicate your current marital status:
   Married (or life-long commitment)  In a committed relationship
   Dating  No current involvement

8. Please indicate your political affiliation:
   Democrat  Republican  Independent  Other:_____________

9. Please indicate your religious affiliation:
   Christian Protestant (Denomination______________) Catholic  Jewish
   Hindu  Buddhist  Muslim  Agnostic  Atheist
   Other:_____________

10. How often do you counsel female students about problems or concerns related to sexual behaviors or sexuality?
11. How often do you counsel **male** students about problems or concerns related to sexual behaviors or sexuality?

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
</tr>
<tr>
<td>Weekly</td>
</tr>
<tr>
<td>Once or twice a month</td>
</tr>
<tr>
<td>A few times per school year</td>
</tr>
<tr>
<td>Rarely to Never</td>
</tr>
</tbody>
</table>

12. How often do you consult with counselors or other professionals when dealing with ethical decision-making?

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
</tr>
<tr>
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<tr>
<td>A few times per school year</td>
</tr>
<tr>
<td>Rarely to Never</td>
</tr>
</tbody>
</table>
Dear Participant:

High school counselors are often faced with ethical dilemmas. Some of these dilemmas deal with situations involving adolescent sexuality (e.g. age of consent, pregnancy, abortion, sexual harassment). A common challenge is deciding when to maintain student confidentiality and when to share student information with their parents.

I am a doctoral student in the School of Human Development and Organizational Studies in Education (pursuing a degree in School Counseling) and a full time high-school counselor. I am conducting research on school counselors’ ethical decision-making for situations involving adolescent sexuality and possible relationships with gender, attitudes toward gender, and attitudes towards sexuality.

You have been invited to participate in the pilot study because you are a practicing high school counselor. Your participation in this study is voluntary. There are no anticipated risks to participation in this study. Your participation can help expand the knowledge about high school counselors’ ethical decision making for situations involving adolescent sexuality. As a token of appreciation for your participation, you may choose to access a summary of literature on adolescent sexuality and ethical decision-making, including tips for making decisions about student confidentiality. You are entirely free to withdraw your consent to participate and/or to discontinue participation in the study at any time without any consequence to you.

As a participant in this study you will be asked to read a short vignette that presents a high school student revealing sexual risk taking behaviors to you as his/her high school counselor. You will then be asked to respond to 14 scenarios describing different sexual behaviors or situations revealed by the student in the given vignette. Other participants may respond to the same or a different vignette. The vignettes and scenarios used in this study were developed from reviews of the professional literature of school counselor ethical decision-making and adolescent sexuality. Each scenario/vignette is a hypothetical composite and does not and is not meant to present description of an actual student. Next you will be asked to answer items about your personal attitudes/beliefs about sexuality and gender roles. These items are sensitive in nature and could possible cause personal discomfort to some individuals. Finally, you will be asked to complete a demographics questionnaire.

Confidentiality will be maintained within the limits of law. Your name will not be revealed in any subsequent dissemination of the results of this study, including presentations at professional meetings or publications in professional journals. Your name will not be identified in my dissertation manuscript. Your name or personal contact information will not be associated with your responses in any way.

I am happy to share the results of the study with all participants after it is completed. The study should be complete by August 2010. If you have further questions regarding
If you agree to participate please indicate below. You may print and retain a copy of the informed consent for your own records.

*Kimberly Martin-Donald*

I have read the procedures described above. I voluntarily give my consent to participate in this study of high school counselors’ ethical decision-making.

( Participant will be asked to click to continue to the survey items)
LIST OF REFERENCES


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BIOGRAPHICAL SKETCH

Kimberly Martin-Donald graduated from the University of Florida in 2000 with a Bachelor of Science degree in Psychology. In 2005, she graduated with a Specialist in Education degree and began her career as a school counselor. In 2010, she graduated from the University of Florida for the third time and received a Doctor of Philosophy. She currently lives in Ocala, Florida with her husband and their two rather large bichon fries dogs. She works as a high school counselor in Marion County. She enjoys digital scrapbooking, traveling, reading supernatural novels, dining out with her family, and spending quiet evenings watching television at home with her husband.