

Overview

- Social workers frequently work in settings in which family planning topics, including abortion, are encountered (e.g., health promotion, counseling, education, policy, advocacy, etc.).^{1,2,3}
- Little is known about the extent to which social workers are knowledgeable about abortion, and a scarcity of research exists pertaining to social workers' attitudes toward and training specific to abortion and family planning.
- Furthermore, the Council on Social Work Education **does not include any mandates for social workers' sexual or reproductive health education** within its *2015 Educational and Practice Standards*.⁴
- In the **one known study** of social work students' attitudes regarding abortion, researchers found that **almost half of the students surveyed would not make a referral for an abortion** and **41% did not know if abortion was legal in their state**.⁵
- In 2009, the National Association of Social Workers (NASW) issued a statement regarding family planning and reproductive choice, stating that the profession's *Code of Ethics* requires that social workers, "**promote clients' socially responsible self-determination**" and that this self-determination means that, "**people can make their own decisions about sexuality and reproduction**."⁶
- According to NASW, social workers who do not intend to fully inform their clients or who restrict information or services to their clients in any way are **professionally obligated to, at a minimum, assist their clients in how to obtain comprehensive services elsewhere**.⁶

Research Questions & Study Design

- Using a sequential mixed methods design, qualitative interviews were conducted with marriage and family therapy social workers ($N=8$), followed by the development and administration of a nationwide quantitative survey of social work students ($N=504$). In both samples, participants were asked:

- ✓ **How do abortion and family planning topics appear in social work practice?**
- ✓ **How are abortion and family planning topics covered in social work education and training?**
- ✓ **What role(s) do your personal beliefs regarding abortion and family planning play in your engagement with these topics in social work practice?**

Methods (Qualitative)

- Phenomenological, in-depth interviews of social workers ($N=8$) employed in a marriage and family therapy (MFT) setting
- IRB approval; purposive/convenience sampling; informed consent
- One-time, semi-structured interviews
- Open coding, followed by holistic "middle order" coding⁷
- Second coder's interpretation used to confirm findings/establish consensus before final focused coding to consolidate code list⁷

Methods (Quantitative)

- Survey developed collaboratively by 10 social work sexuality scholars
- IRB approval; survey administered online
- Link to survey sent to student listservs of collaborating scholars' institutions (and of others who agreed to distribute)
- Survey link displayed on reproductive justice social work website/social media
- Data collected from late Spring 2014 to late Fall 2014

Results (Qualitative)

Most common family planning topic(s) seen in practice?

- ✓ Family planning decision-making discord among couples:

"It seems like I'm always working with couples and it's like the woman wants 3 or 4 kids and the man wants none—or maybe 1—and the topic is a recurring source of fights for them. And I ask them how they would respond or what they would do if they became pregnant today and the tension in the room is always so visible."
- Kelsey

"I've worked with couples who throughout their relationships could not agree whether or not to have children. And several times, it came out right in the middle of the therapy sessions that the women had previously had abortions and had not told the partners. And that was always a *huge* problem." - Tina

"I have a client—younger—probably 25. And she is in a bad relationship with her boyfriend. I think what comes up most often is him blaming her for having the kids. And she feels like that plays out in their relationship a lot. He is always saying, 'Well, they're your kids. You shouldn't have had them.' Her grandparents and parents all thought she shouldn't have them either. They're an interracial couple—she's White, he's Black, and the grandparents were mad because the babies were *mixed*. Now she feels like she is somehow being punished for having children when everyone told her to have abortions. So if the couple is fighting about why he didn't come to a soccer game, or if a kid got a bad grade in school, she asks, 'Why aren't you around to be with our kids?' And he always comes back to, 'Well, I didn't want them anyway. I told you to get an abortion.' So, it's always there, when decision-making isn't on one accord."
- Whitney

How are family planning topics covered in social work education?

- ✓ Avoided, because of stigma, but more training is greatly needed:

"I don't think I've ever even heard the word *abortion* mentioned in any social work class. And because it's a topic that's not really part of my background, I would definitely notice if we talked about it in class. In fact, even regarding other reproductive health topics, I just don't think they have come up at all, probably because they are so taboo. If these topics were to come up, I'm guessing there would be a lot of awkward silences."
- Rick

"I think we intentionally talk *around* it a lot and avoid it. It's tough to unpack people's views in a class, but we need to acknowledge that these issues come up in practice. I mean, we talk about drugs, poverty, abuse, and all sorts of other societal issues whenever we walk into a therapy room. And we're always talking about knowing how to refer clients to resources. We discuss resources that families can use—like TANF, WIC, SNAP, parenting classes, ESL classes...Family planning resources should be treated just like that, but instead it's the *elephant in the room*. And social workers need to know more about how to refer clients to resources, especially in this area. This is the one area I can think of that affects literally everyone. By way of being born, you have been affected—at least in some way—by reproductive health and decision-making."
- Tina

"There are so many family planning policies and they all seem to vary by state. I don't even know what's legal in terms of abortion in my state. How am I going to help someone find resources when I don't know?" - Ariana

"I definitely need a class on this. I don't know where to start—policy is not my thing but I guess it needs to be because I find I don't know what I'm talking about in this area."
- Ursula

Role of personal beliefs?

- ✓ Navigating tensions between personal and professional ethics is often difficult:

"To me, someone having an abortion is just not normal—like not a *mainstream* occurrence. But, in my practice experiences, I've learned that it's actually common. And I know social work as a profession is 'pro-choice.' But I can't honestly say that I am. So my practice experiences have really challenged me in how to separate my personal beliefs and the ones I know I'm supposed to uphold as a social worker."
- Rick

"I think I've gained a better ability to assess people for wherever they're at—which I guess maybe sounds a little corny—but I, for example, come from a pretty conservative background. And although I know that's influenced a lot of the way I see family planning issues, I want to be open-minded so I can accept anyone for where they're at, so that I can work with them so they can get to wherever *they* want to go. So, although I have my own ideas about things, it's ultimately about where they want to go. That's something I've taken from my training, and I think I've grown a lot as a therapist and social worker in general."
- Sam

"I think in working with people, you need to know the practical skills—like how to ask questions, or prompting, and things like that. It's not helpful to discuss your politics, or your theology—all of that is like barbershop talk—you could do that anywhere. But to be a practitioner, you really don't *need* to have an opinion about it. You need to know how to be empathetic. And how to listen. Your opinion is not supposed to be in it when working with clients, so it would be better if we could explore all of our views on these issues within the safety of a social work classrooms—like we do in our multicultural classes—rather than getting them out on the table in front of our clients, or being shocked when a client talks about these topics in ways in which we don't personally agree."
- Whitney

"They shouldn't feel my judgment. I'm there to help facilitate the healthiest development of their decision, even if I don't agree. My role is to somehow help them come to a conclusion about choosing whether or not *they* want to have an abortion, or if *they* want to have a child, or how to get past something they did if there's shame around it... I need to be a gateway to accurate information about resources, not someone who tells them my church and beliefs disagree with their actions."
- Gia

Results (Quantitative)

	Never	Rarely	A Few Times	Frequently
In my social work classroom experiences, the topic of abortion has been discussed...	116 (23.0%)	295 (58.5%)	74 (14.7%)	19 (3.8%)
In my field placement/practice experiences, the topic of abortion has been brought up by clients...	95 (18.8%)	239 (47.4%)	105 (20.8%)	65 (12.9%)
In my field placement/practice experiences, I have received training on the topic of abortion...	430 (85.3%)	45 (8.9%)	20 (4.0%)	9 (1.8%)
	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree
I feel I would know how to help a client who requested information about abortion (e.g., resources for where to learn more about the topic, where to obtain, cost, legality/rights, etc.)	83 (16.5%)	131 (26.0%)	239 (47.4%)	51 (10.1%)
I feel that I have an adequate knowledge of abortion policies and regulations.	100 (19.8%)	256 (50.8%)	98 (19.4%)	50 (9.9%)
I feel that I have an adequate knowledge of abortion as a medical procedure (e.g., how the procedure is performed, different medical techniques, etc.)	156 (31.0%)	222 (44.0%)	78 (15.5%)	48 (9.5%)
If confronted with a client seeking to make a reproductive health choice I personally disagreed with, I would be unable to serve that client.	415 (82.3%)	57 (11.3%)	19 (3.8%)	13 (2.6%)
	Strongly Disagree	Slightly Disagree	Slightly Agree	Strongly Agree
Late-term (e.g. after 20 weeks of gestation) should be illegal in the U.S. under all circumstances.	320 (63.5%)	80 (15.9%)	48 (9.5%)	56 (11.1%)
Decisions to terminate a pregnancy should be a matter between a woman and her doctor.	23 (4.6%)	39 (7.7%)	51 (10.1%)	391 (77.6%)
The government should NOT cover the medical costs of abortions for women who cannot afford the procedure.	360 (71.4%)	66 (13.1%)	31 (6.2%)	47 (9.3%)
Abortion should be legal under all circumstances.	45 (8.9%)	70 (13.9%)	71 (14.1%)	318 (63.1%)
State laws should require parental consent before a teenager under 18 can have an abortion.	305 (60.5%)	75 (14.9%)	76 (15.1%)	48 (9.5%)

Implications

A "mismatch" is occurring between the amount of training/education devoted to abortion and family planning in social work and the practice reality that family planning topics frequently arise in social work practice settings of many kinds

- CSWE should increase institutional/accreditation requirements to formally include sexual/reproductive/family planning training in social work curricula
- Training of social workers should include policy, knowledge of resources/medical procedures/legality, etc.
- Classroom and field training should provide more opportunities for exploration of individuals' personally-held beliefs in relationship to professionally-held values/*Code of Ethics* (e.g., the profession of social work values social justice, client self-determination, medically accurate resource referral, and unimpeded access to comprehensive family planning services)

Limitations

Qualitative: only one geographic region/sub-field of social work (MFT) captured; depicts family planning in heterosexual, cisgender male-female relationships only

Quantitative: cross-sectional design; sampling bias (social work reproductive justice web/social media respondents perhaps more inherently pro-choice); sample was predominantly White, liberal-identifying, heterosexual, female

¹Alzate, M. (2009). The role of sexual and reproductive rights in social work practice. *Affilia*, 24(2), 108-119.
²Whitaker, T., & Arrington, P. (2008). Social workers at work. *NASW Membership Workforce Study*. Washington, D.C.: National Association of Social Workers.
³Ely, G. E., & Dulmus, C. N. (2010). Abortion policy and vulnerable women in the United States: A call for social work policy practice. *Journal of Human Behavior in the Social Environment*, 20(5), 658-671.
⁴Council on Social Work Education. (2015). *Educational Policy and Accreditation Standard*.
⁵Ely, G. E., Flaherty, C., Akers, L. S., & Noland, T. B. (2012). Social work student attitudes toward the social work perspective on abortion. *Journal of Social Work Values and Ethics*, 9(2).
⁶National Association of Social Workers [NASW]. (2009). Family planning and reproductive choice. *Social Work Speaks: National Association of Social Workers Policy Statement*.
⁷Saldana, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage Publications.