

Social Work Student Attitudes Toward the Social Work Perspective on Abortion

Gretchen E. Ely, Ph.D.
University of Kentucky
gretchen.ely@uky.edu

Chris Flaherty, Ph.D.
University of Kentucky
chris.flaherty@uky.edu

L. Shevawn Akers, MSW
Volunteers of America of Kentucky, Inc.
shevawn.akers@gmail.com

Tara Bonistall Noland, MSW
University of Kentucky
tbonistall@uky.edu

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Abstract

The International Federation of Social Workers (IFSW) and the National Association of Social Workers in the United States (NASW) maintain that the right to access abortion services for clients worldwide is essential for self-determination and the advancement of women. This commitment is emphasized in the IFSW statement on expanding access to safe abortion and the NASW policy statement on family planning and reproductive health, both of which outline specific support for socially just reproductive health access that includes abortion. As students enter the social work profession, it is essential that they understand and accept this professional premise if advocacy and service referrals are expected to originate from practicing social workers. The purpose of the current study was to examine social work student attitudes toward the social work profession's

perspective on abortion in the United States. Students at a large, public, land-grant university were surveyed to determine whether their personal attitudes were in line with the stance on abortion supported by the social work profession, as outlined by the IFSW and NASW. The relationship between levels of religiosity and attitudes toward abortion was also examined. Results suggest that 49% of students perceive that they would not make a referral for abortion and 41% did not know whether abortion was legal in their state. Further, as levels of religiosity increased, acceptance of abortion and perceived likelihood of making a referral for an abortion decreased. Implications for social work practice, education, and directions for future research are discussed.

Keywords: social work students, abortion, NASW, IFSW, policy statements, attitudes

1. Introduction

Despite an active legal history over the past 30 years, the abortion debate in the United States remains a highly politicized issue based on morality, gender roles, political ideology, personal responsibility and human rights. In many areas of the United States, conservative and/or religious ideology often supersedes public health and ethical concerns in the area of reproductive health (Kulczycki, 2007). Even with increased state restrictions and the anti-choice movement's efforts to limit abortion, half of unintended pregnancies in the United States still end in abortion (Finer & Henshaw, 2003). Surgical abortion remains one of the most common medical procedures for women of reproductive age (Henshaw, 1998), and at the current rate, more than one-third of American women will have had an abortion by the age of 45 (Boonstra et al., 2006). In the United States, a greater percentage of women of color and those who are young, unmarried, or poor face unintended pregnancies and the resulting decisions and consequences thereof (Boonstra et al., 2006). Worldwide, botched illegal and unsafe abortions kill 68,000 women annually (Grimes et al., 2006). Many of these women may also be social work clients. The issues surrounding abortion combine to make it not just a medical and political issue, but a human rights and social justice issue, as well.

Lack of access to abortion services often results in forced pregnancy (Ely & Dulmus, 2010). As the United States continues to pass laws incrementally restricting abortion, social worker attitudes and advocacy efforts become more significant. Currently, 46 states allow both individual health care providers and institutions to refuse to perform abortions; 24 states require a woman seeking an abortion to wait a specified amount of time between receiving counseling and the procedure; and 34 states require some type of parental involvement in a minor's decision to have an abortion (Guttmacher Institute, 2010). In light of this information, it appears that post *Roe v. Wade* (the landmark 1973 court case legalizing abortion in the United States) abortion advocacy efforts have been somewhat ineffective. As a profession, social work has a defined

commitment to supporting abortion rights for global populations, including stated support for access to family planning that includes abortion services (NASW, 2009). Thus, social workers play an important role in advocating for international policy seeking social justice and reproductive freedom for women in the form of abortion rights and access worldwide.

Social work educational settings are the places where those who are new to the profession are introduced to the expectations of the profession. Social work is not a politically neutral profession, and the expectations for political advocacy related to social and economic justice are outlined during the educational process. It is at this time that social work students are first exposed to some of the controversial aspects of the profession, including its stated commitment to family planning and abortion rights. In order for our profession to achieve social justice in areas like abortion advocacy, it is necessary for social work students who will go on to become professional social workers to be exposed to the professional stance on abortion during their social work educational experiences. Also of great importance is their acceptance of this responsibility, even in light of the sociopolitical and religiously affiliated controversy surrounding abortion. Our success in advocating for abortion rights is directly tied to whether our students and professionals support and advocate for such.

Little to no research exists regarding social work student attitudes toward the social work perspective on abortion. There is no published evidence available as to whether social work students are open to the support of abortion access and which students may have a propensity toward supporting abortion while others do not. The subject of the current study then, was to examine social work student attitudes toward the social work perspective on abortion.

2. Review of the Literature

Even though the United States is a developed nation with an established health care system, access to abortion is severely limited, which is

counter to the stance of the social work profession nationally and internationally (IFSW, 2007; NASW, 2009). Approximately 87% of counties in the United States did not have an abortion provider in 2000 (Finer & Henshaw, 2003). Increasingly limited access to abortion services, high cost, and lack of insurance coverage for the procedure makes it an unrealistic alternative for many women in the United States and worldwide, especially those who are poor and those from rural areas (Boonstra et al., 2006). This essentially results in the continuation of pregnancy as the only option for many women, regardless of their actual preference (Ely & Dulmus, 2010).

In the general public, religiosity has traditionally been one of the most predictive factors in explaining negative attitudes toward abortion (Modi, 2002; Sahar & Karasawa, 2003; Wilcox, 1990; Zucker, 1999), and religiosity is also attributed to one holding views that can be defined as morally traditional and politically conservative (Granberg & Granberg, 1980; Zucker, 1999). Historically, the more religious, morally traditional, or politically conservative individuals are, the less likely they will approve of abortion (Sahar & Karasawa, 2003). Further, research suggests that those who self-identify as religious believers report less permissive sexual attitudes in general (Le Gall, Mullet, & Shafiqhi, 2002).

As religiosity affects sociopolitical perspectives in the general population, one would expect it is an influence within the social work profession, as well. Research suggests that approximately 50% to 80% of social work students report an association with some type of organized religion (Sheridan & Hemert, 1999; Ying, 2010), though social work students also report that overall spirituality is more important to them as a coping mechanism than religiosity (Ying, 2010).

Research indicates that social work students who self-identify as fundamental/evangelical Christians and/or conservatives are less likely to be accepting of many of the progressive political perspectives associated with the social work profession's social justice agenda, when compared

to students who self-identify with holding more liberal/progressive sociopolitical ideologies or moderate religious beliefs (Fram & Miller-Cribs, 2008; Hodge, 2006; Ressler & Hodge, 2005; Thyer & Myers, 2008; Weaver & Yun, 2010). Information also suggests that these students often object to progressive classroom content surrounding politically charged issues such as the social work stance on abortion, the welfare state, or gay adoption (Fram & Miller-Cribs, 2008; Thyer & Myers, 2008). Such objections, while perfectly within the rights of these students, may serve to greatly hinder access to abortion in light of the fact that social work is the only profession with a stated commitment to advocating for global access to abortion services in the name of human rights, social justice, and self-determination (NASW, 2009). Thus, knowledge related to students' attitudes toward abortion and their perceptions of whether they can or would provide referrals or information about abortion to their clients is imperative to social work educators and those concerned about access to abortion services in the United States and around the world.

Researchers have rarely considered the impact that interactions between social workers and clients may have on the decision to obtain an abortion. Those who come into direct contact with women seeking abortion services or crisis pregnancy counseling may play a critical role in determining the outcome of these experiences (Ely, Dulmus, & Akers, 2010). In particular, social workers may be the first point of contact for a woman facing an unintended pregnancy. Thus, the understanding of the importance of being able to provide information about abortion is necessary for the self-determination of those seeking such services (Ely & Dulmus, 2010). The social work profession was founded on social activism and advocating on behalf of disadvantaged and oppressed populations, and it is clear on its commitment to supporting access to abortion for the clients served by the profession (NASW, 2009). As such, it is assumed that social workers have historically held more liberal views toward abortion when compared to others working in health-related fields as such as nursing and medicine

(Rosen, Werley, Ager, & Shea, 1974), but the actual attitudes of social work students toward the social work perspective on abortion are unexplored.

Dealing with ethical issues in social work has become increasingly complex in an overall sociopolitical climate that is divisive and hostile (Hayes, Scheufele, & Huges, 2006). In the United States, the National Association of Social Workers (NASW) Code of Ethics was approved in 1996 and then revised in 2008 to address such complexities in professional practice (NASW, 2011a; Reamer, 1998). While the NASW Code of Ethics sets forth guidelines and recommended standards for professional social work practice in the United States, it must also allow for personal discretion and decision making. The ways in which a social worker perceives a client's needs, capabilities, and desires may greatly influence a client's decision making. This raises an important question: Do social workers, as a matter of course, separate personal opinion from professional responsibility in the area of abortion?

Social workers are not immune to cultural influences and societal norms—many are simultaneously members of churches, families, or communities that subscribe to values that are more or less at odds with those of the social work profession. While the NASW Code of Ethics in the United States is intended to serve as a guide to the everyday professional conduct of social workers (NASW, 2011a), it is reasonable to expect some divergence, at times, in one's personal values and the expectations of the Code of Ethics. Thus, it becomes even more important that social work education in university settings provide students the opportunity to explore their personal values and beliefs and determine what allowances or adjustments need to be made in their future professional work. Typically, educators encourage students to separate their personal beliefs from their professional actions when their personal beliefs are in conflict with the expectations of the profession. However, can social workers who disagree with the profession's stance on abortion really do this?

Given the profession's commitment to client self-determination and reproductive choice and its

extensive history of socially just clinical practice, it is both surprising and alarming that social work researchers and practitioners have not taken an interest in this area of research. Because of the many barriers inherent in the abortion decision, this study seeks to determine social work student attitudes toward abortion and student perceptions of the likelihood they will potentially help (provide access) or hinder (prevent access) a future client choosing to terminate a pregnancy.

The profession needs to get a sense of whether students perceive that they are willing to provide referrals and information about abortion even in light of conflicting personal beliefs. Further, information on which types of students are more likely to support abortion will be helpful to social work educators in regard to developing strategies around how to create safe learning environments while also emphasizing the importance of abortion access as a human rights issue.

Because of the lack of information in this area and the importance of abortion access as a human rights issue, the purpose of this study was to examine social work students' attitudes toward the social work perspective on abortion and students' attitudes toward providing information and referrals to clients related to abortion. Another purpose of this study was to examine whether religiosity was associated with less favorable attitudes toward the social work perspective on abortion and/or likelihood that students would report that they would make a referral or give out information about abortion. In light of the limited knowledge in this area, this exploratory study makes a significant contribution to the literature.

3. Methods

Social work students in a CSWE-accredited social work program (one that has been continuously accredited since the early 1970s and was most recently accredited in 2009 under the new CSWE EPAS standards) in a large public university in the Southeast were recruited to participate in the study via an email distributed by the program's technology manager. The recruitment email was distributed

to all students who were enrolled in the student listserv, which included those matriculating on the main campus as well as the four satellite programs located in other parts of the state. Undergraduates (319), MSW students (310), and doctoral students (36) were invited to participate in the anonymous Internet-based survey administered through the SurveyMonkey (www.surveymonkey.com) program. An initial email went out to the students on day 1 and a reminder email was sent out midway through the availability of the study in an attempt to increase the response rate. A total of 116 participants responded to the survey, which was available online for 17 days during the spring 2008 semester. The electronic survey instrument was partially composed of questions derived from Abortion Attitudes Scale developed by Snegroff (in Davis et al., 1998,

p. 11–12). This scale has shown above-average reliability and validity (Davis et al., 1998). The study was approved by the Institutional Review Board (IRB), the body in charge of approving research with human subjects in U.S. institutions, located at the university where the study was conducted.

4. Results

4.1. Characteristics of the Sample

A total of 116 students completed the survey, for a response rate of 17%. The majority of the sample was white, female, and Protestant. Just over half were married or partnered, and more than two-thirds were graduate students. Table 1 contains the characteristics of the sample.

Table 1. Characteristics of the Sample

	% (n)
AGE: N=115	Mean=30 (SD=9.7)
GENDER: N=114	
Female	88 (100)
Male	12 (14)
RACE: N=116	
Caucasian	97 (112)
African-American	3 (4)
MARITAL STATUS: N=91	
Single	37 (42)
Married	37 (42)
Living w/ Adult Partner	18 (21)
Separated/Divorced	8 (9)
Other	1 (1)
RELIGION: N=115	
Protestant	66 (76)
Catholic	10 (12)
Jewish	3 (3)
Other	6 (7)
None	16 (18)
RELIGIOUS LEVEL: N=115	
Not Active	32 (37)
Slightly Active	25 (29)
Moderately Active	26 (30)
Very Active	17 (19)

4.2. Data Analysis

Univariate statistics were computed to summarize participant responses. Cross-tabulation tables, using chi square statistics, were constructed to compare responses across level of religious participation, which was measured on a four-point Likert-type scale, ranging from *not active* to *very active*, and attitude ratings being scored as *agree*, *not sure*, or *disagree*, or *yes*, *no*, depending on the construction of the item.

Table 2 summarizes overall student responses regarding abortion policies and potential practice behaviors. Of particular note, nearly half of respondents said they would not refer a client to abortion services if this was requested by a client. Furthermore, 41% were unaware that abortion is legal in their state of residence.

Bivariate comparisons were consistent with prior research, indicating religiosity (measured here as level of participation in religious

Table 2. Sample Attitudes

TOTAL SAMPLE, N=116		% (count)
<i>A fetus should be protected because it cannot protect itself</i>	Agree	32 (36)
	Not Sure	27 (31)
	Disagree	41 (47)
<i>A fetus should have the same rights as a person</i>	Agree	32 (35)
	Not Sure	27 (30)
	Disagree	41 (46)
<i>If a client asked me where to get an abortion, I would tell her where she could get one</i>	No	49 (54)
	Yes	51 (56)
<i>A woman's decision to have an abortion is always justified</i>	No	72 (82)
	Yes	28 (32)
<i>If a client asked me where to get an abortion, I would try to convince her abortion is wrong</i>	No	99 (109)
	Yes	1 (1)
<i>I support legislation that bans abortion</i>	No	85 (95)
	Yes	15 (17)
<i>Abortions should be banned</i>	No	86 (98)
	Yes	14 (16)
<i>Abortion should be legal for any reason</i>	No	50 (57)
	Yes	50 (57)
<i>Abortion is a legitimate health procedure</i>	No	57 (65)
	Yes	43 (48)
<i>Abortion is the equivalent of murder</i>	No	77 (87)
	Yes	23 (26)
<i>Abortion is legal in my state</i>	Agree	63 (71)
	Not Sure	24 (27)
	Disagree	13 (14)
<i>I know where abortions are performed my state</i>	Agree	32 (35)
	Not Sure	26 (29)
	Disagree	42 (47)

services) had a statistically significant influence on social work students' attitudes toward abortion. Table 3 describes the differences between attitudes by level of religiosity. For two items (*Abortions should be banned* and *I support*

legislation that bans abortion), level of religious activity was collapsed into two categories (*very active + moderately active* and *not active + slightly active*), in order to obtain adequate expected counts within cells (Abu-Bader, 2006).

Table 3. Comparison of Attitudes Toward Abortion by Level of Religious Activity

		Religious Level % (count)			
		Not Active	Slightly Active	Moderately Active	Very Active
<i>*A fetus should be protected because it cannot protect itself</i> (Cramer's $V = .35$)	Agree	14 (5)	17 (5)	45 (13)	67 (12)
	Not Sure	22 (8)	35 (10)	28 (8)	28 (5)
	Disagree	65 (24)	48 (14)	28 (8)	6 (1)
<i>*A fetus should have the same rights as a person</i> (Cramer's $V = .31$)	Agree	11 (4)	21 (6)	46 (13)	61 (11)
	Not Sure	28 (10)	36 (10)	21 (6)	22 (4)
	Disagree	61 (22)	43 (12)	32 (9)	17 (3)
<i>*If a client asked me where to get an abortion, I would tell her where she could get one</i> (Cramer's $V = .33$)	No	34 (12)	41 (12)	54 (15)	82 (14)
	Yes	66 (23)	59 (17)	46 (13)	18 (3)
<i>*A woman's decision to have an abortion is always justified</i> (Cramer's $V = .32$)	No	58 (21)	69 (20)	76 (22)	100 (18)
	Yes	43 (16)	31 (9)	24 (7)	0 (0)
<i>Abortion is the equivalent of murder</i> (Cramer's $V = .42$)	No	97 (35)	79 (23)	72 (21)	44 (8)
	Yes	3 (1)	21 (6)	28 (8)	56 (10)
<i>*Abortion is a legitimate health procedure</i> Cramer's $V = .52$)	No	31 (11)	45 (13)	76 (22)	100 (18)
	Yes	69 (25)	55 (16)	24 (7)	0 (0)
<i>*Abortion should be legal for any reason</i> (Cramer's $V = .40$)	No	32 (12)	38 (11)	59 (17)	89 (16)
	Yes	68 (25)	62 (18)	41 (12)	11 (2)

		Not Active to Slightly Active	Moderately Active to Very Active
<i>Abortions should be banned</i>	No	91 (60)	86 (25)
	Yes	9 (6)	14 (4)
<i>*I support legislation that bans abortion</i> ($\phi = .24$)	No	92 (61)	75 (21)
	Yes	8 (5)	25 (7)

*Denotes $p \leq .05$

5. Limitations of Study

This study lacks generalizability outside the university where it took place, and it should be replicated nationally. The response rate is low, although issues with the way the student listserve is managed may make the response rate seem lower than it actually was (i.e., names of graduated students are not always removed promptly, and thus some of the active student e-mail addresses may in fact have not been active). The sample lacked diversity, as participants were almost all white and overwhelmingly female, although this reflected the composition of the social work student body where the study was conducted. Considerations should also be given to the methods in the area of religious participation. While the authors of the current study chose, in the interest of brevity, to measure religious activity using one self-developed question, other established methods that are more multidimensional may be preferable for measuring religiosity in future studies. Such methods have been suggested and implemented by Hodge (2003; 2007), and use may serve to increase the reliability and validity of future studies.

6. Discussion

6.1 Implications for Social Work in the United States

The results of this study are consistent with the results of other research indicating that religiosity affects social work practice behaviors regardless of race, gender, and other personal factors (Mattison, Jayaratne, & Croxton, 2000). While these responses cannot predict how these current students and future social workers would respond in the presence of a client faced with an unintended pregnancy, they certainly raise concern as to the students' lack of professional social work knowledge and potential personal bias and the effects of such on the well-being and life course of the clients these students may serve. These results also suggest that the students perceive an inability to set aside personal biases when dealing with the emotional issue of abortion. The authors found it

astounding that 49% of the students surveyed indicated they would not even refer a client for abortion services if faced with a client presenting this concern. This is more alarming when one considers that a referral would simply involve providing a client with an 800 number or referring her to another social worker for assistance. In light of the findings here suggesting a projected unwillingness to make abortion referrals and a lack of knowledge regarding abortion, it is imperative that social workers clarify their own personal, spiritual, and religious beliefs and the potential impact of those beliefs on clients (Mattison et al., 2000).

The results of this study may also suggest an inability to use the NASW Code of Ethics in actual practice settings. Similarly, in a study of Canadian social workers, subjects reported that the NASW Code of Ethics was not used in practice and that colleagues did not appear to be very aware of the code in practice settings (Rossiter, Prilleltensky, & Walsh-Bowers, 2000). In the same study, respondents reported that ethical decision-making models were not being used in practice. Perhaps practice that does not conform to the Code of Ethics is prevalent in many areas and needs to be addressed within social work across the board.

6.2 Implications for International Social Work

These results suggest that students in this study report attitudes and potential practice behaviors that would also be in conflict with the IFSW perspective on global reproductive health. In the IFSW International Statement on Women (2011) the IFSW indicates that women's access to the full range of reproductive health services is essential and international access and support for such is declining. The IFSW (2011) also indicates specifically that social workers must commit to advocating for women and girls over the life course, especially in the area of access to the full range of reproductive health services, which would include legal abortion services. With social workers from the United States increasingly involved in global social work (NASW, 2011b), the role of U.S.

social workers in global reproductive health is also increasing. In light of severe limits to abortion access that exist in some countries due to social stigma and legal restrictions (Singh, 2006), social work advocacy in this area is more important than ever. Thus, the attitudes and potential practice and advocacy efforts of U.S. social work students are pertinent to the world community, in that their advocacy efforts or lack thereof has the potential to affect client reproductive health worldwide. The importance of U.S. social work advocacy in the area of international abortion access cannot be overlooked, and such advocacy begins with social work students who understand the importance of such. In order to improve reproductive health for vulnerable women in developing nations, action is needed to promote policy regulations that intentionally facilitate access to safe abortion for all women (Orner et. al., 2011), and social work has an obligation to lead the way in this area.

6.3 Implications for Social Work Education

These results suggest that specific educational content on abortion access and the NASW and IFSW stance on abortion may be required if students are to develop into practitioners who are capable of addressing client requests for abortion referrals. If social workers do not know whether abortion is legal in their state, they may not be motivated to find out how to make a referral for it even if they are willing to do so. This recommendation is supported by social work research in other areas. For example, results from one study suggest that specific educational content on the social work perspective about partner violence is necessary in order for students to understand the cultural nature of the problem, as general information provided in MSW-level courses does not always communicate the knowledge necessary for a social worker to deal with partner violence in a sensitive and appropriate manner (Black, Weisz, & Bennett, 2010). Based on the results of this current study, such an approach may also be warranted surrounding abortion, if future research

efforts demonstrate results similar to the ones presented here.

The results of the current study also suggest that social work students perceive that they will not be able to separate out their personal beliefs from their practice efforts. The typical approach to addressing personal beliefs in social work education is to encourage students to identify their biases and separate their personal beliefs from their practice. However, if social workers are not capable of doing this, then how should this be addressed in the educational setting?

6.4 Directions for Future Research

Future studies in this area should be conducted with larger sample sizes with populations from all geographic areas of the United States. If possible, social work programs from public, private secular, private religious, and historically black institutions should be selected at random to participate in similar studies. These approaches would improve the generalizability of future study results and allow researchers to begin to determine whether the biases identified in this study are widespread or perhaps more concentrated within the university or region where this study was conducted. In addition, future studies should question practicing social workers about actual practice behaviors rather than relying on information gathered from students about what they project that their future professional behaviors might be. It is possible that through the process of social work education and practice experience, growth and development may occur that will allow a professional social worker to make a referral that the social worker once believed he or she would be unable to make when questioned about it as a student. Finally, research is needed to explore and evaluate novel pedagogical techniques aimed at helping students to separate personal biases from practice behaviors.

7. Conclusions

The social work profession's perspectives on women's issues and abortion may be

problematic for social work students who come into the profession from fundamentalist backgrounds that may present abortion as taboo (Seabury, Seabury, & Garvin, 2011). However, the mission of the profession is progressive and focused on promoting social and political change to bring about solutions to the world's most pressing social problems (Seabury et al., 2011). Access to safe and legal abortion is one of these pressing social problems that is specifically supported by the NASW and the IFSW due to the relationship between childbearing, poverty, and economic well-being in women worldwide (IFSW, 2011; NASW, 2009). Unlike the issue of child welfare, advocating for abortion access is not always embraced by the general population and may not seem to be an issue at the forefront of social work concerns. However, when abortion is restricted, unsafe abortion occurs and women lose their lives, at a rate of 68,000 women per year (Grimes et al., 2006; Singh, Wulf, Hussain, Bankole, & Sedgh, 2011), and this is an issue that should be a grave concern to social workers. In order to address this loss of life, social workers must advocate for global progressive social policy in this area. Students who cannot put their personal values aside when it comes to the issue of abortion access may become professionals who cannot put their values aside and thus likely will not be able to advocate for progressive policy in this area, which is a disservice to women and families worldwide.

In work with clients, social workers must rely on guidance from professional social work organizations (IFSW, NASW), in addition to other resources such as evidence-based practice, for decision making in daily practice settings, as competent practitioners change their assumptions and approaches in response to their clients (Gilgun, 2005). In light of the findings here suggesting a projected unwillingness to make abortion referrals and a lack of knowledge regarding abortion, it is imperative that social workers clarify their own personal, spiritual, and religious beliefs, as well as their levels of knowledge and the potential impact of such on clients (Mattison et al., 2000).

Spiritual and religious beliefs are deeply personal and should be respected in every setting. However, the spiritual and religious beliefs of the social worker do not take precedence over the needs and self-determination of the client. Social workers must be able to respond appropriately to the needs of all who are using social work services (Gilligan & Furness, 2006). The role of a social worker in a direct practice relationship with clients is not to judge or even sway clients into making decisions that are consistent with the beliefs of the social worker. Rather, the responsibility of the social worker is to serve as the client's advocate in the interest of self-determination. When it comes to unintended pregnancy, it is not the role of the social worker to offer judgment as to which option for pregnancy resolution is best for a client based on the personal beliefs, biases, and religious practices of the social worker. Rather, in this instance, a competent social worker will offer non-biased information even in settings where a request for such information is not expected to occur. If we allow religiosity and other biases to taint the practice abilities of our profession, then we are no longer offering professional social work services to clients; rather we are offering religious counseling to clients in social work settings. Although the results of this study are exploratory, the findings do suggest a potential problem threatening one of our profession's core principles—that of client self-determination. The question now becomes: What are we, as social work educators and practicing professionals, going to do to address this problem, in order to protect the health and welfare of some of our most vulnerable clients?

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