

Utilizing a Human Rights Perspective to Train Therapists

Psychological associations have been clear that they expect their trainees and professionals to work with diverse issues and diverse clientele, including sexual issues and sexual and gender minorities. While these organizations have been clear on their stance on non-discrimination toward sexual and gender minorities, research has demonstrated that most psychologists are not well trained on sexuality in general, even though educators and trainees believe sexuality is an important topic. Sexuality is a core aspect of human across their lifespan and although sexuality may be expressed differently across cultures, sexuality is a part of overall health and wellness for everyone. Sexuality is a broad concept that can include all types of sexual behaviors, sexual and gender orientation, sexual relationships, sexual pleasure, intimacy, attachment, and reproduction. It may be helpful for psychology to adopt a human rights perspective in their sexuality training. This perspective frames sexual rights as human rights and utilizes a sexual health and wellbeing framework. Utilizing this perspective, psychologists can focus on sexual citizenship from a global, rights-based, positive, sexual health viewpoint.

Keywords:

Introduction

Optimal health and wellness incorporates aspects of the body, mind, and spirit—including one's sexual health and wellbeing. Sexual health encompasses (a) physical, psychological, and social well-being; (b) the possibility of engaging in safe, pleasurable sexual experiences, and; (c) being unrestricted by sexual coercion, sexual discrimination, or violence (The World Health Organization [WHO], 2015.). Several international organizations have been at the forefront of advocating for sexual health and associated sexual rights. For instance, The World Association for Sexual Health (WAS) has emphasized sexual health as requisite to peoples' attainment of overall wellness and well-being (2015). The World Health Organization (WHO) has been advocating for sexual health since 1970s and embraces a definition of healthy sexuality that includes a diversity of sexual behaviors and expression (WHO, 2015). These international sexual rights advocates conceptualize the expression of sexuality as an individual right fostering quality of life, creating equitable social interactions, and enhancing individual and social responsibility—all which promote the probability of peace in a society (WAS, 2008).

The WAS is an international organization representing sexological organizations worldwide and has been a vanguard of sexual rights advocacy since 1978 (known then as the World Association for Sexology). In their advocacy for sexual health, this organization created a declaration outlining sixteen sexual rights (e.g. the right to equality and nondiscrimination; the right to the highest attainable standard of sexual health, with the possibility of pleasurable, satisfying, and safe sexual experiences; the right to be free from all forms of violence and coercion) (WAS, 2014). They are part of a growing movement that steadfastly view sexual

1 rights as human rights (Correa & Petchesky, 2010; Eszter, et al.; Sloane, 2014;
2 WAS, 2014; WHO, 2015). Acknowledging that sexuality, sexual health, and
3 sexual rights are part of human rights compels people to guard, defend, uphold,
4 and advocate for freedom to enjoy and express their sexuality.

5 In regard to sexuality, The American Psychological Association (APA) has
6 championed rights for sexual and gender minorities for over four decades. For
7 example, in 1975 APA advocated to remove stigma associated with gay, lesbian,
8 and bisexual orientations, adopted *The Guidelines for Psychological Practice with*
9 *Lesbian, Gay and Bisexual Clients* in 2000, and established the *Virtual Working*
10 *Group on Restrictions Affecting Diversity Training in Graduate Education* in
11 2011. While APA and other psychological associations have focused on non-
12 discrimination and non-violence for sexual minorities, they have not done as good
13 of a job on focusing on sexuality overall. They have not focused on sexuality
14 enough in their training for clinicians to feel comfortable discussing all of the
15 aspects of sexuality with their clients, including sexual pleasure (Dermer &
16 Bachenberg, 2015; Tolman & Diamond, 2014). Research has repeatedly
17 demonstrated clinicians do not get adequate training in sexuality and are not
18 comfortable discussing sexuality and when they do discuss sexuality (Burnes,
19 Singh, & Witherspoon, 2017; Hanzlik & Gaubatz, 2012; Kelsey, Stiles, Spiller, &
20 Diekhoff, 2011; Miller & Byres, 2008; Miller & Byers, 2009; Miller & Buyers,
21 2012; Mollen, Burnes, Lee, & Abbott, 2018). Therapists and psychologists are
22 required to understand basic sexual development and are not supposed to
23 discriminate against sexual minorities.

24 Both the APA's Code of Conduct and the European Federation of
25 Psychologists' Associations (EFPA) policy on Human Rights and Psychology
26 discuss psychologists' respect and protection of human rights (APA, 2017; EFPA,
27 2015). Yet, there is little literature on training psychologists in a human rights
28 perspective (see Patel, 2019 for a discussion of human rights and applied
29 psychology), and no literature in training psychologists in sexuality from a human
30 rights perspective. Psychology has advocated for sexual minorities in their
31 training, code of ethics, and political discourse, but has done so from a diversity
32 and social justice perspective, rather than a human rights perspective. Adding a
33 human rights perspective as a way to teach about sexuality, sexual health and
34 sexual rights may be a fruitful manner in which to train current and future
35 therapists. The definition of human rights, a review of sexual rights as human
36 rights, and an examination of how a human rights perspective can be used to train
37 clinicians will be presented.

38 39 ***Human Rights***

40
41 Human Rights are basic freedoms and rights inherent to all human beings and
42 supersede social, political and cultural values and norms (United Nations
43 Population Fund [UNFPA], 2013). The Universal Declaration of Human Rights
44 (UDHR) was adopted by the United Nations General Assembly in 1948 and was
45 created in an effort to prevent many of the atrocities of World War II (Patel, 2019).

1 This extraordinary document was meant to recognize the incontrovertible dignity
 2 and inalienable rights of all human beings, and is based on the ideas of freedom,
 3 justice, and peace (Patel, 2019). The General Assembly, which created the UDHR,
 4 is the main policymaking arm of the United Nations (UN) and all Member States
 5 have representation in the General Assembly (UN, 2019). Given the global
 6 representation in creating the UDHR and focus on all humankind, it is expected
 7 that governments and other political, social, legal, and educational systems have
 8 the duty to respect, protect, and advocate for human rights in a context of equality,
 9 non-discrimination, inclusion, and accountability (UNFPA, 2013).

11 *Sexual Rights as Human Rights*

13 Compared to exploration of other rights, sexual rights are still relatively new
 14 in the human rights discourse (Parker, 2007). In the public health sector, the
 15 inclusion of sexual wellness with the right to health was recognized as early as
 16 1975 in a WHO Technical Report series (WHO, 1975). In addition, the WAS, the
 17 WHO, the Sexual Rights Initiative (SRI), the Pan American Health Organization
 18 (PAHO), the International Planned Parenthood Federation (IPPF), and other
 19 international organizations have been involved in promoting healthy sexuality and
 20 examining the importance of conceptualizing sexual rights as human rights. The
 21 SRI, in their statement on sexual rights, believe it is the responsibility of every
 22 government to respect, protect, and fulfill human rights—including sexual rights.
 23 The WAS stated categorically that “sexual rights are human rights” (Kismödi,
 24 2017 et al., p. 1).

25 Sexual rights are universal human rights based on the inherent freedom,
 26 dignity, and equality of all human beings. Since health is a fundamental human
 27 right, so must sexual health be a basic human right. In order to assure that human
 28 beings and societies develop healthy sexuality, the following sexual rights must be
 29 recognized, promoted, respected, and defended by all societies through all means.
 30 Sexual health is the result of an environment that recognizes, respects and
 31 exercises these sexual rights (WAS, 2014).

32 The IPPF has also declared sexual rights as a part of Human Rights in their
 33 document, *Sexual Rights: an IPPF Declaration*. They are committed to a human
 34 rights approach that includes sexuality. “...sexual rights are a component of
 35 human rights, which are an evolving set of entitlements related to sexuality that
 36 contribute to the freedom, equality and dignity of all people” (IPPF, 2008, p. 10).
 37 Their declaration includes seven guiding principles and ten sexual rights. These
 38 principles and rights recognize sexuality as an integral part of personhood, non-
 39 discrimination and freedom from harm, the right to sexual pleasure for everyone,
 40 and limitations on sexuality should be few and when needed should be for the
 41 greater good, to protect other people’s rights, and non-discriminatory.

42 All of these organizations believe recognizing sexual rights as human rights is
 43 an important step in improving the sexual wellbeing and health of people across
 44 the world (Kismödi, et al., 2017). The inclusion of sexual rights as a human rights
 45 is important because a human rights perspective compels people to guard, defend,

1 uphold, and advocate for people’s freedom to enjoy and express their sexuality
2 (Kismödi, et al., 2017). Human rights target the entitlement of each person to have
3 equal rights as a citizen of their country and as a global citizen (a member of the
4 interconnected world).

5 The discourse about sexual rights has included the concept of sexual
6 citizenship (Evans, 1993; Richardson, 1998; Richardson, 2017; Richardson, 2018).
7 It includes the idea that people have a sexual contract with their governments
8 (carried out through policies and laws) as a member of that nation (Richardson,
9 2017). Although this concept has been written about in different ways, here it is
10 being used relative to sexual rights, how sexual rights can be granted or restricted
11 by governments and other institutions, and the fight for formal equality as national
12 and global citizens (Richardson, 2000; Richardson, 2018). Writing from a public
13 health and human rights perspective, Parker (2007) envisioned “sexual
14 citizenship” as “only possible when all people have the right to pursue a satisfying,
15 safe, and pleasurable sexual life” (p. 973).

16 There is some criticism of utilizing a human rights perspective. For instance,
17 Miller (2007) point possible problems with including sexual rights under the right
18 to health, including a history of political, legal, medical, and behavioral
19 institutions medicalizing sexuality and limiting sexual rights to only those that
20 directly relate to physical health. However, more recent views of health focus on
21 wellness in a physical, mental, spiritual, and sexual sense. Furthermore, adopting a
22 sex positivity framework to help ensure sexual rights provides a path for not just
23 focusing on freedom “from,” but also freedom “to.” Freedom “from” fear is
24 mentioned in the preamble of the UDHR. It means that people should not fear
25 violence and discrimination. Freedom “to” means justly expressing one’s rights
26 and is reflected in documents like the United States Declaration of Independence
27 in the right to pursue happiness—the right pursue wellbeing in a way that fulfills
28 people without violating the rights of others . In this vein, the sex positivity model
29 focuses on sexual wellness (Cruz, Greenwald, Sandil, 2017; Dermer, Cipra,
30 Bachenberg, 2019). Those working from a sex positivity model highlight non-
31 pathological aspects of sexuality, informed consent, sexual pleasure, eroticism,
32 open sexual communication, and freedom of sexual and gender expression
33 (Burnes, Singh, & Witherspoon, 2017; Cruze, et al, 2017; Dermer et al., 2019;
34 Glickman, 2000). Despite possible pitfalls, a human rights perspective to sexuality
35 provides a viable and interesting alternative to medical, diversity, and social
36 justice perspectives typically used to teach about sexuality.

37 38 *Psychology Training and Sexuality*

39
40 Psychologists and therapists are trained in diagnosing sexual dysfunction,
41 trained in their ethical obligations against discrimination, and expected to advocate
42 for sexual minorities. Overall, applied psychology programs seem to train more
43 about sexual orientation and related discrimination rather than sexuality overall
44 (Burnes, et al., 2017; Mollen et al, 2018). Both diversity and social justice
45 frameworks are used to train psychologists and therapists about discrimination,

1 violence, and oppression related to sexual and gender orientation and the
2 intersection between a sexual minority status and other identities.

3 4 *Multicultural and Social Justice Perspectives*

5
6 Multiculturalism and social justice, while different in their approach to
7 education and therapy in some ways, also share many commonalities. Both
8 perspectives both acknowledge the importance of diversity and recognize that
9 oppression has a debilitating effect on mental health (Ratts, 2011). They also both
10 promote the need to develop multicultural and advocacy competent helping
11 professionals, interventions that are culturally sensitive, and emphasize
12 understanding the oppressive status quo. These approaches also have their
13 differences. The development of multicultural and social justice competencies
14 across mental health fields has exemplified the commitment to social change and
15 remedying social injustice by assisting various mental health professionals to
16 understand individuals', couples', families', and institutions' circumstances and
17 concerns from a more ecological perspective (Constantine, et al., 2007). Some
18 authors believe that multiculturalism and social justice are synergic (Prilleltensky
19 & Prilleltensky, 2003). In reality, both perspectives are probably used in most
20 training programs even if one is more emphasized.

21 Although it is not intended to go into an in-depth review of the history,
22 development, or nuances of each approach, some basic differences will be
23 presented in order to later discuss the advantages of using a human rights
24 perspective to teach about sexuality. Multiculturalism focuses on gaining
25 knowledge of various cultural identities and on sensitivity to issues of bias,
26 discrimination, and oppression without ranking or comparing groups nor
27 necessarily challenging contradictory perspectives between groups (Vera &
28 Speight, 2003). As multiculturalism pertains to the therapeutic relationship, it
29 involves understanding cross-cultural relationships and developing awareness,
30 knowledge, skills as they relate to the ability to work in a diverse society (Pieterse,
31 Evans, Butner, Collins, & Mason, 2008). Social justice, rather than focusing on
32 knowledge of differences and how they might influence the therapeutic
33 relationship, highlights how some group are more or less privileged in society
34 (Very & Speight, 2003). Social justice involves the intentional awareness of
35 systemic forces of oppression that includes a political component and speaks to an
36 active engagement in redressing social inequities while aiming to provide full and
37 equal participation by all groups. The central focus of social justice is to respond
38 to systemic inequalities that serve to marginalize and disenfranchise various
39 groups of people and should be designed to change social values, structures,
40 policies and practices that affect disadvantaged or marginalized groups (Pieterse,
41 Evans, Butner, Collins & Mason, 2008).

42 Regardless of the perspective, clinicians need to move forward in their
43 approach to addressing sexual health and sexual rights (Prilleltensky &
44 Prilleltensky, 2003).The discussion of using multicultural and social justice
45 perspectives was somewhat simplified, but the basic point was that they are not

1 comprehensive enough to be the only frameworks used to discuss sexuality. When
 2 only these perspectives are used the discussions are skewed toward only from the
 3 freedom from bias, discrimination, violence, barriers and oppression rather than
 4 also including a sexual health and sexual wellbeing perspective.

6 *Utilizing a Human Rights Perspective to Teach Sexuality*

8 The basis of seeing sexuality and sexual rights, not just reproduction, as part
 9 of human rights is because it is conceptualized as part of a holistic, comprehensive
 10 view of health. Besides sexual and gender orientation and their expression,
 11 sexuality can include eroticism, sexual pleasure, body image, masturbation, sexual
 12 behaviors/fantasies, sexual functioning, reproduction and reproductive health,
 13 attachment, intimacy, sexual knowledge and communication (and informed
 14 consent), and spirituality (Mollen, et al., 2018; Robinson, Bockting, Rosser,
 15 Miner, & Coleman, 2002: WHO, 2010).

16 Sexual health is an approach to sexuality founded in accurate knowledge,
 17 personal awareness and self-acceptance, such that one's behavior, values and
 18 emotions are congruent and integrated within a person's wider personality
 19 structure and self-definition. Sexual health involves an ability to be intimate with a
 20 partner, to communicate explicitly about sexual needs and desires, to be sexually
 21 functional (to have desire, become aroused, and obtain sexual fulfillment), to act
 22 intentionally and responsibly, and to set appropriate sexual boundaries. Sexual
 23 health has a communal aspect, reflecting not only self-acceptance and respect, but
 24 also respect and appreciation for individual differences and diversity, as well as a
 25 feeling of belonging to and involvement in one's sexual culture(s). Sexual health
 26 includes a sense of self-esteem, personal attractiveness and competence, as well as
 27 freedom from sexual dysfunction, sexually transmitted diseases, and sexual assault
 28 and coercion. Sexual health affirms sexuality as a positive force, enhancing other
 29 dimensions of one's life (Robinson et al., 2002, p. 45).

30 A literature search produced no articles on using a human rights perspective to
 31 train psychologists and therapists in sexuality. There have been several studies,
 32 though, that point to the lack of comprehensive sexuality training for clinicians
 33 (Mollen, et al., 2018). Despite the importance of sexuality to every human across
 34 their lifespan, neither educators (Swislow, 2016) nor students feel adequately
 35 prepared to talk about sexuality in-depth.

36 Some clinical and counseling psychology programs include a course on sexual
 37 dysfunction or sex therapy, but usually they are offered as topics in other courses
 38 or as an elective (Asher, 2007; Swislow, 2016). In Mollen et al's (2018) recent
 39 survey of Canadian and U.S. doctoral counseling psychology programs, they
 40 found that 94.7 % of programs provided training on sexual and/or gender
 41 orientation, 76.3% had some training on sexual intimacy skills and intimate
 42 relationships, 15.8% reported included sexual pleasure, and 39.5% of respondent
 43 programs reported training in sexual functioning and behavior. Although 47.5% of
 44 respondents reported addressing sexual health, topics under this area seemed more
 45 related to sexual trauma and exploitation rather than focusing on positive aspects

1 wellbeing. Finally, few of the programs reviewed different forms of sexual
2 expression: Sex Toys (5.3%), pornography (7.9%), Kink (15.8%), BDSM
3 (15.8%), swinging (5.3%). Finally, the majority of respondents (78.9%) thought
4 training in sexuality was important even though they did not think they have time
5 to include more about sexuality and/or there were obstacles to providing more
6 information about sexuality.

7 A human rights framework to sexuality would address many of the same
8 issues as multicultural and social justice perspectives on a global level in addition
9 to health and wellness as related to sexuality. “The term human rights framework
10 refers broadly to human rights responsibilities, commitments, and principles,
11 which are based in international human rights law” (Patel, 2019, p. 114). Both a
12 human rights perspective and applied psychology share a focus on health and
13 wellbeing (Patel, 2019). Using a human rights perspective forces psychology to
14 look at the cause and context of sexual rights violations, not just the outcome and
15 associated symptoms. Some principles that a human rights perspective on sexual
16 rights and psychology share concerns about are: fairness, respect, dignity,
17 autonomy, participation and inclusion, proportionality (of restriction of rights),
18 equality and non-discrimination (Patel, 2019). Among other responsibilities
19 related to human rights, psychologists have an obligation to understand, monitor,
20 and research sexuality, sexual health, and sexual rights, and apply that knowledge
21 to their work, institutions, and advocacy. Part of human rights is “right to the
22 highest attainable standard of health with regards to sexuality and sexual health”
23 (Kismödi et al., 2017, p. 21). This also includes the right to benefits of scientific
24 progress and its application. And the right to education on sexuality and sexual
25 health.

26 A human rights approach can also contend with “conscience clauses” which
27 allow for refusing to work with certain clients based on free speech and/or
28 freedom of religion. One of the major obstacles to training in sexuality, besides the
29 lack of comfort discussing sexual issues, has been religious and cultural objections
30 to certain sexual acts, behaviors, and sexual and gender orientations. Accrediting
31 bodies, governments, agencies, and professionals sometimes circumvent
32 discussions of sexuality and limit sexual rights on the basis morals (Kismödi et al.,
33 2017). For mental health professionals, framing sexual and gender issues as
34 diversity issues led to some progress in training professionals and serving clients,
35 but it has also caused some problems. From a multicultural perspective, one set of
36 authentically held cultural beliefs does not “trump” another set of authentically
37 held cultural set of beliefs.

38 In the past, some of the accrediting bodies and codes of ethics left some room
39 for refusing to serve SGM clients on the basis of a “conscience clause”. The
40 current ethical standards of major accrediting and professional organizations of
41 mental health organizations have closed that gap by expecting members of their
42 organizations to get the training and supervision needed to work with all clients
43 regardless of their sexual or gender orientations. In contradiction to professional
44 ethical standards, several states in the U.S. have introduced conscience clauses that
45 would allow students and professionals to refuse to provide services to clients if

1 the clients' goals contradict the professional's religious beliefs. For example, in
2 2011 Arizona passed into law a Bill that allows trainees to refuse to see certain
3 clients (Wise, et al., 2015). The American Psychological Association (APA) has
4 been at the forefront of protecting the ethical and accreditation standards requiring
5 trainees be trained to work with diverse clientele, including LGBTQI+ clients. In
6 the Fall of 2011 they established the Virtual Working Group on Restrictions
7 Affecting Diversity Training in Graduate Education. The APA working group
8 created five core tenants of training for APA: (a) Psychology has a compelling
9 interest in meeting the needs of a diverse client population; (b) trainers are
10 responsible for education and training; (c) trainers respect trainees' developmental
11 process and foster cognitive complexity; (d) attaining competence to work with a
12 diverse public is not optional.

13 Although APA's position is strong about the requirement to learn how to
14 work with diverse clientele and serve diverse clientele, a human rights approach
15 would help solidify that position. When teaching from a multicultural framework
16 it is difficult to argue why one group's values and beliefs supersede another
17 group's needs. When teaching from a human and sexual rights perspective, these
18 are rights are framed as basic freedoms and rights and take a meta-position to
19 specific cultural and religious beliefs. A human rights approach means taking
20 action to change cultural ideas and practices if they violate these fundamental
21 rights (PAHO/WHO, 2001).

22 23 24 **Conclusion**

25
26 The human rights perspective, applied to the realm of sexuality, although not
27 without faults, has many of the advantages of multicultural and social justice
28 frameworks with the added emphasis on sexual health, sexual wellbeing, and
29 sexual rights that should be afforded to all humankind. Educators training
30 clinicians have the difficult task of helping trainees find a way to act ethically and
31 justly toward the diverse issues they will face and the diverse clientele they will
32 serve while balancing their cultural, personal, or religious belief systems (Wise, et
33 al., 2015). Irrespective of individual beliefs, when people become psychologists
34 and therapists they agree to be a professional who is well versed in sexuality,
35 sexual health, and the accompanying rights.

36 Sexuality is a core aspect of being human, of human development, and of
37 many intimate relationships regardless of one's particular sexual wants, desires,
38 behaviors, sexual orientation, or gender orientation. The global attention to sexual
39 rights and the advocacy of global groups for sexual rights tend to be based on a
40 human rights perspective and could offer psychology an additional and powerful
41 way to prepare clinicians, researchers, and educators to be aware of and support
42 sexual citizenship. All humans have the right to live in a world where they enjoy
43 the freedom to experience their sexuality in any way they wish without violating
44 the basic rights of others.

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