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Chapter 1
Sexual Health Frameworks

1. **What is the definition of sexual health according to the World Health Organization (WHO)?**
   A. The absence of disease and dysfunction
   ***B.** A state of physical, emotional, mental, and social well-being related to sexuality
   C. The ability to reproduce without complications
   D. A focus solely on sexual pleasure
   Answer: B) A state of physical, emotional, mental, and social well-being related to sexuality
   Rationale: The WHO defines sexual health as a state of physical, emotional, mental, and social well-being related to sexuality. It is not merely the absence of disease, dysfunction, or infirmity. The definition does not include the ability to reproduce without complications. The WHO definition includes the possibility of having pleasure, but it does not focus on sexual pleasure.

2. **According to the text, what percentage of cisgender women and cisgender men are estimated to experience sexual problems?**
   A. 10% to 20% of cisgender women and 5% to 10% of cisgender men
   ***B.** 40% to 45% of cisgender women and 20% to 30% of cisgender men
   C. 50% of cisgender men and women
   D. 30% to 35% of cisgender women and 15% to 20% of cisgender men
   Answer: B**)** 40% to 45% of cisgender women and 20 to 30% of cisgender men
   Rationale: A summary of the report by the International Consultation Committee for Sexual Medicine on "Definitions/Epidemiology/Risk Factors for Sexual Dysfunction" estimates that sexual problems affect 40% to 45% of cisgender women and 20% to 30% of cisgender men.

3. **What is one of the rights included in the Declaration of Sexual Rights by the World Association for Sexual Health (WAS)?**
   A. The right to practice any religion
   ***B.** The right to equality and freedom of sexual expression
   C. The right to choose any profession
   D. The right to impose your sexual values and behaviors on another person
   Answer: B) The right to equality and freedom of sexual expression
   Rationale: The Declaration of Sexual Rights by WAS includes the right to equality and freedom of sexual expression. This declaration does not include the right to practice any religion, the right to choose any profession, or the right to impose your sexual values and behaviors on another person.

4. **Which cultural movement has brought much-needed discussion of consent to the forefront?**
   A. The feminist movement
   B. The sexual revolution
   ***C.** The #MeToo movement

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D. The LGBTQ+ rights movement
Answer: C) The #MeToo movement
Rationale: The #MeToo movement has helped generate increased and essential discussion around sexual consent. While the feminist movement has long addressed issues related to gender equality, including sexual autonomy and rights, consent was one of many topics within its broader agenda. The sexual revolution and the LGBTQ+ rights movement do not focus on the topic of consent.

5. **What impact has the availability of internet pornography had on societal perceptions of sexuality, according to the text?**
A. It has universally improved sexual health education.
***B.** It has misinformed individuals about sexual norms and stereotypes.
C. It has eliminated misconceptions about sexual health.
D. It has had no significant effect on perceptions of sexuality.
Answer: B) It has misinformed individuals about sexual norms and stereotypes.
Rationale: The availability of internet pornography has misinformed individuals about sexual norms and stereotypes. It has not improved sexual health education or eliminated misconceptions about sexual health. The availability of internet pornography has had significant effects on perceptions of sexuality.

6. **Which of the following is NOT one of the ten key components of the sexual health model described by Robinson et al. (2002)?**
A. Talking about sex
B. Spirituality
C. Sexual disorders
***D.** Accepting stereotypes and generalizations as fact
Answer: D) Accepting stereotypes and generalizations as fact
Rationale: Accepting stereotypes and generalizations as fact is not one of the ten key components of the sexual health model. Talking about sex, spirituality, and sexual disorders are components of the sexual health model.

7. **In the PLISSIT model, what does the "I" in PLISSIT stand for?**
A. Information
B. Intimacy
C. Intensive (Therapy)
***D.** A and C
Answer: D) A & C
Rationale: In the PLISSIT model, the “I” stands for both information and intensive therapy. The “I” does not stand for intimacy.

8. **The OWL curriculum emphasizes which of the following values?**
***A.** Self-worth
B. Competitive learning
C. Secrecy
D. Figuring things out on your own
Answer: A) Self-worth

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Rationale: The OWL curriculum emphasizes self-worth. It does not cover competitive learning, secrecy, or figuring things out on your own.

9. **According to Gina Ogden's 4-Dimensional Wheel of Sexual Experience, which quadrant focuses on beliefs and messages about sexuality?**
   A. Physical
   ***B.** Mental
   C. Emotional
   D. Spiritual
   Answer: B) Mental
   Rationale: According to the 4-Dimensional Wheel of Sexual Experience, the mental quadrant focuses on beliefs and messages about sexuality. The physical quadrant involves the person's range of sensory experience. The emotional quadrant contains the person's range of feelings. The spiritual quadrant focuses on a deep sense of connection with oneself, partner(s), and/or "higher power."

10. **The CREATE model for adult sex education includes which of the following components?**
    A. Create isolation
    ***B.** Reduce erotophobia
    C. Establish judgment
    D. Teach information in silos
    Answer: B) Reduce erotophobia
    Rationale: The CREATE model for adult sex education includes reducing erotophobia. Creating isolation, establishing judgment, and teaching information in silos are not components of the CREATE model.

11. **What does the acronym FRIES stand for in the context of consent?**
    A. Fixed, Restricted, Informal, Essential, Standard
    B. Fully Recognized, Informative, Engaging, Supportive
    ***C.** Freely given, Reversible, Informed, Enthusiastic, Specific
    D. Free, Respectful, Intuitive, Emotional, Safe
    Answer: C) Freely given, Reversible, Informed, Enthusiastic, Specific
    Rationale: In the context of consent, FRIES stands for freely given (without pressure or manipulation), reversible (can change your mind at any time), informed (have the full story), enthusiastic (only do what you want, not what is expected), and specific ("yes" to other things does not mean "yes" to intercourse).

12. **According to the text, what is one of the major cultural shifts regarding consent highlighted by the #MeToo movement?**
    A. A focus on sexual abstinence
    ***B.** Emphasizing the importance of active negotiation of sexual activities
    C. Legalizing sexual activities for younger individuals
    D. Promoting traditional gender roles in sexual relationships
    Answer: B) Emphasizing the importance of active negotiation of sexual activities

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Rationale: One of the major cultural shifts regarding consent highlighted by the #MeToo movement is emphasizing the importance of active negotiation of sexual activities. A focus on sexual abstinence, legalizing sexual activities for younger individuals, and promoting traditional gender roles in sexual relationships are not components of the #MeToo movement.

13. **In Dr. Betty Martin's Wheel of Consent, which quadrant involves "actions to benefit others"?**
    A. Accept
    ***B.** Serve
    C. Take
    D. Allow
    Answer: B) Serve
    Rationale: In Dr. Betty Martin's Wheel of Consent, the serve quadrant involves "actions to benefit others". The accept, take, and allow quadrants do not involve "actions to benefit others".

14. **What is a key factor that may prevent therapists from addressing sexual health issues with their clients?**
    A. A comprehensive understanding of sexuality
    ***B.** Personal discomfort discussing sexuality
    C. A high level of expertise in sexual health
    D. Strong confidence in discussing boundaries
    Answer: B) Personal discomfort discussing sexuality
    Rationale: A key factor that may prevent therapists from addressing sexual health issues with their clients is their own discomfort in discussing sexuality. A comprehensive understanding of sexuality, a high expertise in sexual health, and strong confidence in discussing boundaries may promote conversations around sexual health issues and would not be barriers.

15. **What is the primary goal of the Sexual Attitude Reassessment (SAR) workshops mentioned in the text?**
    A. To discourage discussions about sexuality
    B. To promote abstinence education
    ***C.** To increase comfort and confidence in addressing sexuality-related concerns
    D. To limit the diversity of sexual experiences
    Answer: C) To increase comfort and confidence in addressing sexuality-related concerns
    Rationale: SARs are designed to inundate participants with sexual material to bring awareness to areas of discomfort or bias. SAR workshops encourage, not discourage, discussion about sexuality. SAR workshops do not promote abstinence education. SAR workshops aim to increase confidence in one's sexuality, which may increase the diversity of sexual experiences.

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