
*Clinical & Ethical Issues in Managing
Juvenile Sex Offenders:
Ensuring Ethical Decision Making*

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Learning Objectives

1. Improve understanding of controversial ethical issues in the management and treatment of juvenile sex offenders
2. Discuss an ethical decision-making model that fosters the appropriate management of ethical dilemmas
3. Identify ethical assumptions in the care of juvenile sex offenders

Learning Objectives

4. Discuss case scenarios that align with the ethical decision-making model
5. Apply the core program components of the decision-making model to effectively problem solve

Agenda

- Prevalence & Characteristics
- Boundaries and Responsibility
- Defining Sexual Offenders
- Ethical Assumptions
- Framework for Decision-Making
- Case Study



Prevalence & Characteristic Features

Transformation

Prevalence & Characteristics

- Although those who commit sex offenses against minors are often described as “pedophiles” or “predators” and thought of as adults, it is important to understand that a substantial portion of these offenses are committed by other minors who do not fit the image of such terms.

Prevalence & Characteristics

- The National Incident-Based Reporting System (NIBRS) offers characteristics of the juvenile sex offenders coming to the attention of law enforcement.
 - Juveniles account for more than one third (35.6%) of those known to police to have committed sex offenses against minors
 - Juveniles who commit sex offenses against other children are more likely than adult sex offenders to offend in groups and at schools and to have more male victims and younger victims.
 - The number of youth coming to the attention of police for sex offenses increases sharply at age 12 and plateaus after age 14
 - A small number of juvenile offenders - 1 out of 8-are younger than age 12.

Prevalence & Characteristics

- Females constitute 7% of juveniles who commit sex offenses.
- Females are found more frequently among younger youth than older youth who commit sex offenses. This group's offenses involve more multiple-victim and multiple-perpetrator episodes, and they are more likely to have victims who are family members or males.
- Adolescents who offend against young children tend to have slightly lower sexual recidivism rates than adolescents who sexually offend against other teens.
- Adolescent sex offenders rates for sexual re-offenses (5-14%) are substantially less than their rates of recidivism for other delinquent behavior (8-58%).
- There is currently no scientifically validated system or test to determine exactly which adolescent sex offenders pose a high risk for recidivism. It is usually appropriate to assume that an adolescent sex offender is relatively low risk unless there is significant evidence to suggest otherwise.

Prevalence & Characteristics

- Known juvenile offenders who commit sex offenses against minors span a variety of ages
 - 5% are younger than 9 years
 - 16% are younger than 12 years
 - The rate rises sharply around age 12 and plateaus after age 14
 - As a proportion of the total, 38 percent are between ages 12 and 14, and 46% are between ages 15 and 17
 - The vast majority (93%) are male

Prevalence & Characteristics

- Female offenders are younger than their male counterparts
- Of the female offenders, 31% were younger than 12, compared with only 14% of male offenders
- They were also more likely to be involved in incidents with multiple victims than were male offenders (23% versus 12%) and to be considered by investigators to be victims at the same time they were offending
- Female offenders are somewhat more likely to offend in a residence or home and less likely to offend at a school
- They were more likely than male offenders to have male victims (37% versus 21%) and victims younger than age 11 (60% versus 43%)

Prevalence & Characteristics

- Juveniles who commit sex offenses against minors are different from adults who commit sex offenses against minors on a number of crucial dimensions captured by NIBRS:
 - Juveniles are more likely to offend in groups (24% with one or more co-offenders versus 14% for adults)
 - They are somewhat more likely to offend against acquaintances (63% versus 55% for adults)
 - Their most serious offense is less likely to be rape (24% versus 31% for adults) and more likely to be sodomy (13% versus 7% for adults) or fondling (49% versus 42%)
 - They are more likely to have a male victim (25% versus 13% for adults)

Prevalence & Characteristics

- Sex offenses committed by juveniles very often occur in the home, although somewhat less often than their adult counterparts (69% versus 80% for adults)
- Sex offenses committed by juveniles are more likely to occur in a school (12% versus 2% for adults)
- Their offenses occur somewhat more in the afternoon (43% versus 37% for adults) than in the evening (25% versus 28%) or at night (5% versus 9%)
- Adolescent sex offenders are considered to be more responsive to treatment than adult sex offenders and do not appear to continue re-offending into adulthood
- Most adolescents are not sexual predators nor do they meet the accepted criteria for pedophilia



BOUNDARIES

Boundaries Defined

- Knapp and VandeCreek (2012) defined boundaries as the “rules of the professional relationship that set it apart from other relationships” and that “clarify which behaviors are appropriate and inappropriate in psychotherapy” (p. 87).
- Professional boundaries are defined as the space between the professionals’ power and the client’s vulnerability. The power of the professional comes from the position we hold and the access to private knowledge about the client(www.nursingboard.state.nv.us)

Why are Boundaries Important

- Reduces risk of client exploitation.
- Reduces anxiety for clients.
- Develops healthy rapport.
- Reduces the risk of mal-practice.
- Creates opportunity to model positive behaviors for clients and colleagues.
- Clearly define roles of the counseling relationship

Provider Vulnerability

- Counselors establish all rules.
- Power differential.
- Counseling environment establishes intimate settings.
- Unresolved issues
- Poor supervision relationships
- I'm an "expert syndrome"

Client Vulnerability

- Poor self-esteem
- A need to be loved
- Sexual Trauma
- A need to please
- Loneliness
- Psychiatric Disorders
- Pattern of unhealthy relationships
- Emotional Intimacy

(Adapted from Broughton, n.d.)

Provider Responsibility

- Counselors are expected to maintain and create healthy boundaries.
- Many clients are not equipped to establish or maintain boundaries
- To do no harm to clients
- To seek supervision when having difficulty establishing boundaries
- Clients may not be able to protect themselves from boundary violations

Reasons for Poor Boundaries

- Character Issues
- Lack of Competence
- Naivety
- Isolation
- Expert Syndrome
- Unchecked Personal or Mental Health Issues
- Counselor Burnout
- Lack of Insight and Awareness

(Adapted from Barnett, 2014)

Boundary Areas

■ Clear

- Having sex with a client or client's family member
- Clear counseling relationships
- Over identifying with client
- Preferential Treatment
- Practicing outside of scope
- Counseling for personal gain
- Counseling friends, family, etc.

■ Blurred

- Self-Disclosure
- Dual and overlapping relationships
- Physical Contact
- Sexual Attraction
- Accepting gifts
- Giving gifts
- Bartering
- Relationships with former clients

Self-Disclosure

- A counselor's divulgence to a client of personal thoughts, information, feelings, values, or experiences.
- It allows the client to know that a counselor is human
- A technique to help move a stagnant client

Self-Disclosure Appropriate when...

- It is used moderately versus as a common practice.
- It is relevant to the client or client's treatment
- It is for the client's benefit
- Used as an effective Intervention tool
- Necessary due to client's cultural background

Self-disclosure is inappropriate when...

- It is meeting the needs of the therapist.
- It is taking up more than a few minutes of the session
- When the client begin to give feedback or show empathy for the therapist
- When the therapist does not address the purpose of the disclosure
- It is more of a common practice.

Types of Self-Disclosure

■ Purposeful

- Sharing personal/professional information and experiences
- Advertising the use of technology (blogs, social media)
- Disclosing Faith-based counseling
- Divulging Recovery
- Office Décor (pictures & diplomas)

■ Accidental

- Facial and Body expressions
- Verbally disclosed by accidents
- Clothes or Jewelry
- Seeing clients at a social engagement

Addressing Dual Relationships

- Inform immediate supervisor
- Seek Supervision
- Establish clear boundaries with client
- Address client's concerns
- Assess if there is a need to transfer or terminate services
- Maintain confidentiality
- Avoid any personal interactions at events
- If necessary, address the dual relationship in treatment plan

Appropriate Dual Relationships

- When it benefits the client or former client
- For important events such as graduations, weddings, funerals.
- Purchasing products or unrestricted bartering
- Agency has a client mentorship
- When state guidelines do not prohibit dual relationships.

(Adapted from Corey, Corey, & Callahan 2007)

Considerations for Dual Relationships

- Can I remain objective
- There are no clear guidelines regarding non-sexual dual relationships
- It is necessary to enter into a dual relationship
- Set clear boundaries with the client
- It has to be a co-decision
- How will my colleagues view the choice I have made
- Attempt to document the rationale before entering into the relationship

Unavoidable Dual Relationships

- Belonging to the same church or religious group
- More than one role with a client
- Client works at the agency as a volunteer or staff
- Client lives in the same neighborhood

Physical Contact

- Personal Preference
- Be aware of agency guidelines
- Increases the risk of boundary violations
- Increases the risk of liability
- Blurs boundaries for clients
- Discuss what is appropriate with clients.

Sexual Attractions/Fantasies

- 87% of 575 psychotherapist acknowledged sexual attraction to clients (Pope, Tabachnick, Keith-Spiege, 2006).
- Should not be viewed as taboo
- It is a common occurrence
- Therapist often do not know how to react because lack of training
- Do not seek supervision out of fear of being judged by other professionals
- Therapist often self-blame
- Clear difference between sexual attraction and sexual intimacy

Addressing Sexual Attraction

- Monitor and survey personal feelings about clients
- Know the difference between sexual acting out and sexual attraction
- Terminate only after it hinders objectivity.
- Seek Supervision/or therapy
- Understand you are more vulnerable during times of loss

(Corey, Corey, & Callahan 2007)

Can I have a Sexual Relationship with previous clients?

- Review respective Code of Ethics

- Things to consider

1. How much time has passed?
2. Did you want this when you were providing services?
3. Were there any boundary violations in therapy?
4. What is the client's current/previous mental status?
5. Any adverse effect or consequences for the client?
6. What is your personal gains/consequences?
7. Is it worth it?



ETHICAL ASSUMPTIONS

Assumptions to Ethical Care

1. Individual responsibility must be established
2. Choice and will must be clearly defined and effectively implemented
3. Responsible living demands persistent self-management
4. An open channel of communication is a prerequisite to change
5. Thinking is the raw material for change
6. Ignore the mood and talk reason
7. Change happens through effective relationships
8. Change occurs through the implementation of responsible thinking and action

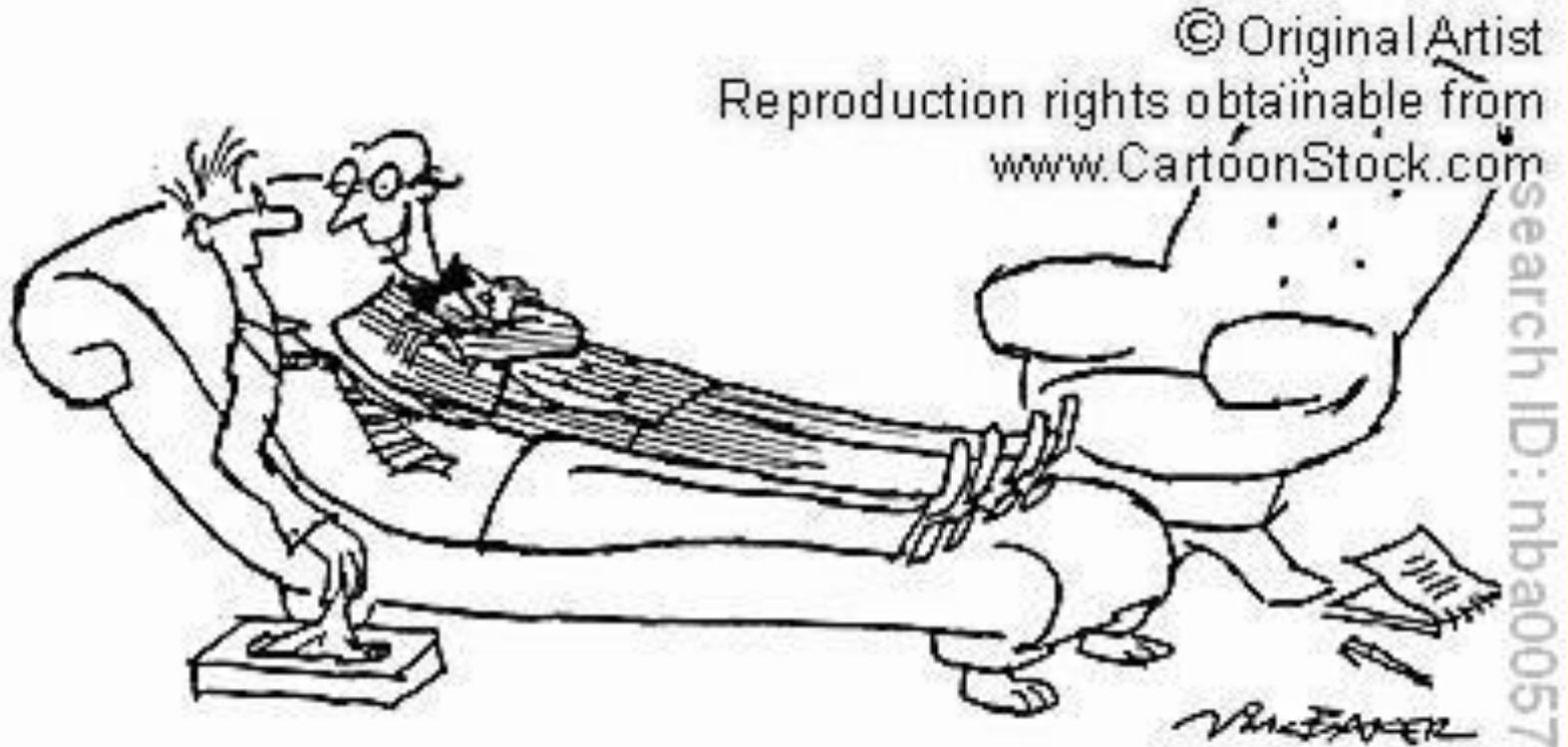
Assumptions to Interventions

1. Youth are doing the best they can
2. Youth want to improve their lives
3. Youth need to do better, try harder, and be motivated to change
4. Youth have not caused all of their own problems but they must solve them anyway
5. The lives of youth are painful as they are currently being lived
6. Youth must learn new behaviors in all relevant contexts
7. Youth cannot fail; providers must persevere
8. Youth must want to change; the power lies within



**A FRAMEWORK
FOR ETHICAL
DECISION-MAKING**

How Did We Get Here?



"Funny old world isn't it?"

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(Corey, Corey, & Callahan 2007)

What are “Ethics”?

- Standards of behavior that tell us how human beings ought to act in the many situations in which they find themselves

What are “Ethics” NOT?

- Ethics are not the same as ***feelings***
- Ethics are not the same as ***science***
- Ethics are not the same as ***following the law***
- Ethics are not the same as ***following cultural norms***

Reasons for Poor Ethics

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(Adapted from Barnett, 2014)

Sources of Ethical Standards

1. The Utilitarian Approach
2. The Rights Approach
3. The Fairness or Justice Approach
4. The Common Good Approach
5. The Virtue Approach

The Utilitarian Approach

- Emphasis on the action that provides the most good or does the least harm (*CONSEQUENCES!*)
- The ethical action, then, is the one that produces the *greatest good* and does the *least harm*
- For example, sex offender case scenario

The Fairness or Justice Approach

- The ethical action is the one that best *protects* and *respects* the moral rights of those affected
- This approach starts from the belief that humans have a dignity based on their human nature *per se* or on their ability to choose freely what they do with their lives
- On the basis of such dignity, they have a right to be treated as *ends* and not merely as *means to other ends*

The Common Good Approach

- Interlocking relationships of society are the basis of ethical reasoning - respect and compassion for all
- Common conditions that are important to all
- System of laws, effective police departments, health care, a public educational system, or even public recreational areas

The Virtue Approach

- Consistent with ideal virtues that provide for the full development of humanity
- Dispositions and habits enabling our highest potential of character and of values like (truth and beauty)
- "What kind of person will I become if I do this?" - or "Is this action consistent with my acting at my best?"

Four Competing Claims

1. Conflict between two or more personally held values
2. Conflict between personal values and the values held by another person or the facility
3. Conflict between basic principles and the need to achieve a desired outcome
4. Conflict between two or more individuals or groups to whom one has an obligation

(Kirrane, 1990)

Deciding What is “Right”

1. Is it ***legal***? - Civil law or facility policy
2. Is it ***balanced***? - Short-term as well as the long-term fairness that promotes win-win
3. How will it ***make me feel about myself***? - Proud socially, professionally, and personally

Recognize an Ethical Issue

- Could this decision or situation be damaging to someone or to some group?
- Does this decision involve a choice between a good and a bad alternative, or perhaps between two "goods" or between two "bads"?
- Is this issue about more than what is legal or what is most efficient? If so, how?

Clear & Blurred Areas

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Get the Facts

- What are the relevant facts of the case? What facts are not known? Can I learn more about the situation? Do I know enough to make a decision?
- What individuals and groups have an important stake in the outcome? Are some concerns more important?
- What are the options for acting? Have all the relevant persons and groups been consulted? Have I identified creative options?

Evaluate Alternative Actions

- Which option will produce the most good and do the least harm? (The Utilitarian Approach)
- Which option best respects the rights of all who have a stake? (The Rights Approach)
- Which option treats people equally or proportionately? (The Justice Approach)
- Which option best serves the community as a whole, not just some members? (The Common Good Approach)
- Which option leads me to act as the sort of person I want to be? (The Virtue Approach)

(Kirrane, 1990)

Make a Decision and Test It

- Considering all these approaches, which option best addresses the situation?
- If I told someone I respect (or told a television audience) which option I have chosen, what would they say?

Act and Reflect on the Outcome

- How can my decision be implemented with the greatest care and attention to the concerns of all stakeholders?
- How did my decision turn out and what have I learned from this specific situation?

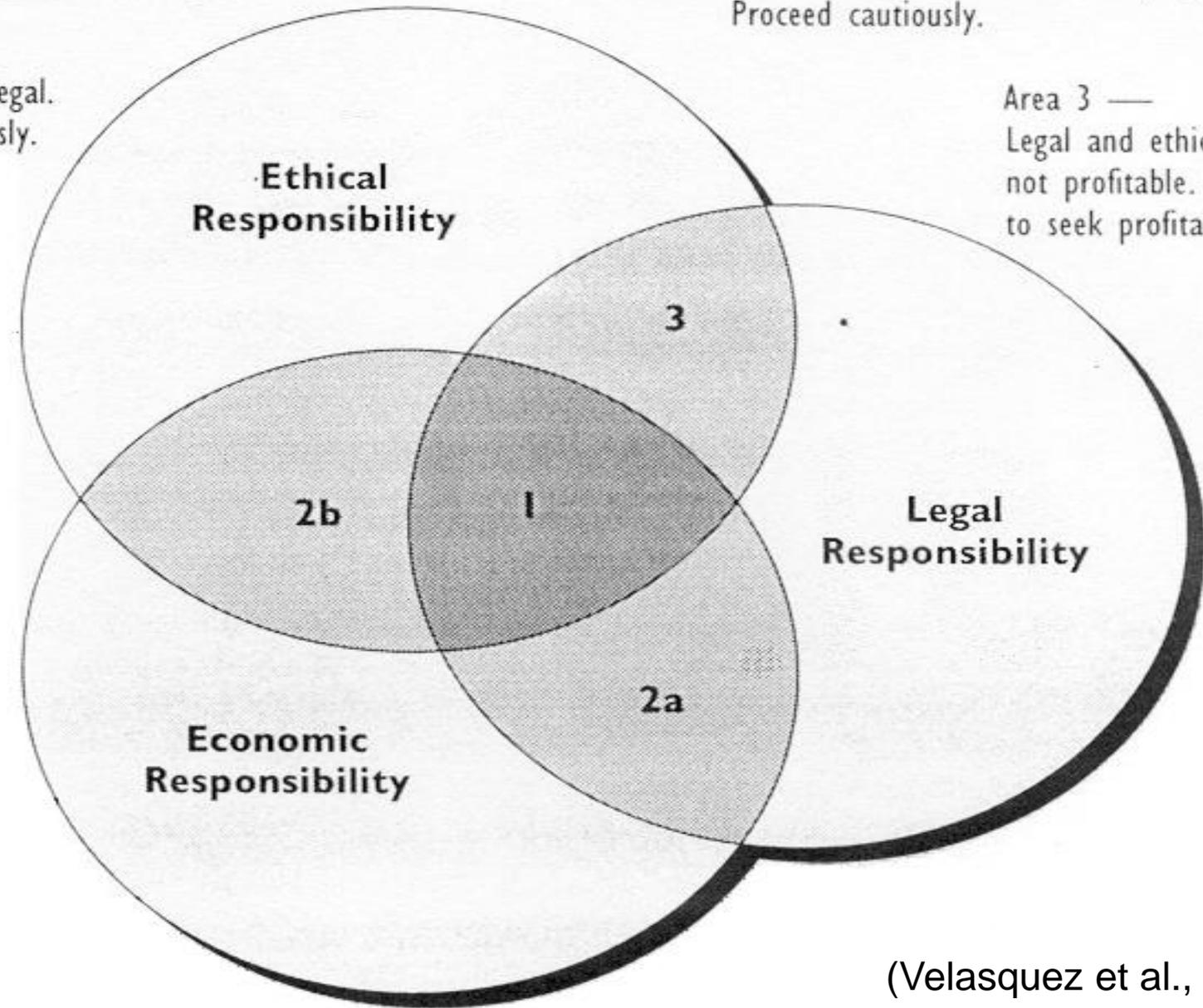
A VENN DIAGRAM MODEL FOR ETHICAL DECISION MAKING

Area 1 —
Profitable, legal, ethical: Go for it!

Area 2b —
Profitable and ethical. Probably legal, too.
Proceed cautiously.

Area 2a —
Profitable and legal.
Proceed cautiously.

Area 3 —
Legal and ethical but
not profitable. Find ways
to seek profitability.



(Velasquez et al., 1996)

Common Ethical Issues

- Boundaries
- Confidentiality
- Duty to Warn
- Informed Consent
- Client Complaints
- Technology and Counseling
- Legal Cases
- Competence
- Supervision
- Ethical Dilemmas

Ethical Challenges

- Criminal vs. Psychosocial needs
- Thinking error vs. Cognitive distortion
- Fantasy vs. Deviant fantasy
- Gratification vs. Power
- Offender vs. Aggression
- Predator vs. Non-predator

Ethical Challenges

- Gender identity issues
- Denial vs. Compliance
- Corrections vs. Residential treatment
- Iatrogenic vs. Positive gain
- Incarceration vs. Generalizability

Summary

- Juvenile sex offenders are heterogeneous
- Clinical assumptions guide ethical behavior
- Ethical decision making should be prescriptive
- Ethical challenges are varied

Review/Consider Respective Code

- AAMFT - American Association of Marriage and Family Therapists
http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx
- ACA - American Counseling Association
<http://www.counseling.org/knowledge-center/ethics>
- APA-American Psychiatric Association
<http://www.psychiatry.org/practice/ethics>

Case Review of Program Manager

- Dress code and assumptions
- Assumptions lead to behaviors
- Behaviors lead character assignment
- Character assignment leads to....

Case Example

- Please see handout

Case Study Questions:

- Based on what you just heard, what appears to be the central issue of this kid?
- Based on the case study, please identify three (3) additional sets of information that would be most helpful for you in developing a treatment plan.
- What preliminary DSM5 diagnoses would you give?

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